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TO: Registration Sect Division of Corp				
SUBJECT: Advanced I	Basement Products, Inc.			
	Name of corporati	on - must include suffix	· <u>·</u>	
Dear Sir or Madam:				
"Certificate of Existence.	on by Foreign Corporation for "Certificate of Good Steorporation to transact busi	anding" and check are sub		
Please return all correspo	ndence concerning this mat	ter to the following:		
John W. Chapman, Jr.				
	Name	of Person		
The John Chapman Law Fi	rm, PA			
	Firm/C	ompany		
1515 Ringling Blvd, Suite 8	370			
3 3		dress		
Sarasota, FL 34236				
	City/State	e and Zip code	···	
jchapman@johnchapmanla	w.com			
	E-mail address: (to be use	d for future annual report r	notification)	
For further information c	oncerning this matter, pleas	e call:		
John Chapman	at (941) 350-3172	y 350-3172	
Name of Person	Area C	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable □ \$70.00 Filing Fee	ne following amount: to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

 Advanced Base 	ment Products, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	P
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
Ohio	3. 2	0-027857	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
October 20, 200	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
5. April 3, 2025			
7-9481 Vista Point	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Dr. Thornville, OH 43076		Y)
·	(Principal office	street address)	
	(Current mailing	address, if different)	
3. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box <u>NOT acceptable)</u>	
Name:	John W. Chapman, Jr. Esq.		22.5
ranic.			-[
office Address:	1515 Ringling Blvd. Suite 870		:
	Sarasola	, Florida 34236	·1
	(City)	, Florida <u>34236</u> (Zip code)	- · ·
Registered agent's acceptance:		Æ.	
	ed as registered agent and to accept service	of process for the above stated	• =
lesignated in this	application, I hereby accept the appointme	nt as registered agent and agree	to act in this capacity.
	omply with the provisions of all statutes rela		performance of my du
ına 1 am jamutar	with and accept the obligations of my posit	ion us regisieren agem.	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS Name: Robert Luke Secrets Name: □Chairman □ Chairman Address: 9481 Vista Point Dr ☐ Vice Chairman □ Vice Chairman Address: Thornville, OH 43076 Director Director President □ President □Vice President ☐ Vice President Treasurer **■**Secretary Treasurer ☐ Secretary □Other _____ □Other Other Other _____ □ Chairman Name: _____ □ Chairman Name: □ Vice Chairman Address: Address: ______ ☐ Vice Chairman Director □ Director □ President President □ Vice President ☐ Vice President ☐ Treasurer ☐ Secretary □Treasurer □ Secretary Other ____ □Other _____ Other Other Name: ______ Name: □ Chairman □ Chairman Address: _____ □Vice Chairman Address: _____ □ Vice Chairman □ Director □ Director ☐President ☐ President ☐ Vice President □ Vice President □Treasurer ☐ Secretary ☐Treasurer ☐ Secretary □Other _____ Other____ ☐Other ______ □Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Luke Secrest

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ADVANCED BASEMENT PRODUCTS, INC., an Ohio corporation, Charter No. 1418233, having its principal location in Columbus, County of Franklin, was incorporated on October 20, 2003 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of April, A.D. 2025.

Ohio Secretary of State

I flow

Validation Number: 202509401754