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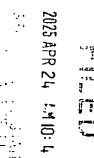
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
201/2425					
W250000 17519					

Office Use Only



900443553959

01/29/25--01036--088 ••87.55



COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Rejection letter #	W25000017518					
Name of corporation - must	include suffix					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" a above referenced foreign corporation to transact business in Fl	nd check are submitted to register the					
Please return all correspondence concerning this matter to the	following:					
Jeffrey Hennemuth Name of Person						
Name of Person	207					
The Dech man Inc. Firm/Company	2025 <u>A.P.R.</u>					
Firm/Company						
Firm/Company 250 Spring lake Blvd. N Address	ω \approx $\frac{2}{2}$ $\frac{2}{1}$					
Address	1					
Por CharloTte FC ?	7395Z					
City/State and Zip	code — —					
City/State and Zip The deckeman @can cas T. K E-mail address: (to be used for futu	re annual report notification)					
For further information concerning this matter, please call:	te annual report nettricement					
To farmer information concerning this matter, prease can.						
Jeff Hennemath of Cox > 2	V() 5772					
Name of Person Area Code	Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations						
The Centre of Tallahassee	P.O. Box 6327					
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314					
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF ST	ATF					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee,						
<u> </u>	fied Copy 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.

1. The Deck MAU INC.					
	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	The Deck Pros Inc.				
	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	MA 3. 04-301(435				
	(State or country under the law of which it is incorporated) 3. 04-301(435 (FEI number, if applicable)				
4.	(Date of incorporation) 5. — wow (Date of duration, if other than perpetual)				
	(Date of incorporation) (Date of duration, if other than perpetual)				
6.					
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7.	250 Spring lave Blub. W. Port Charlotte FC. 33952 (Principal office street address)				
	(Principal office <u>street</u> address)				
	(Current mailing address, if different)				
	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
	Name: Jeffrey Hennemoth				
Οſ	ice Address: 250 Spring lake Blud N.W				
	Name: Jeffrey Hennemoth ice Address: Z50 Spring lake Blud N. W PORT Charlotte Florida 33952 (City) (Zip code)				
	(asp)				

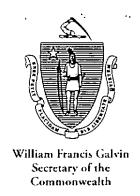
9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

A. DIRECTORS	• • • • • • • • • • • • • • • • • • • •						
□Chairman	Name: Jeffrey Kennemui		Name:				
□Vice Chairman	Address: 250 Spring lake Blul Wu	≺□Vice Chairman	Address:				
	Post cher latte Fl. 33952	□Director					
President	Jeffrey Kennemuth	□President	** *				
☐ Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary		Treasurer			
Other	□Other	□Other		Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		President		202			
□ Vice President		□Vice President		2 · · · · · · · · · · · · · · · · · · ·			
□Secretary	□Treasurer	Secretary		□Treasure2			
Other	Other	□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
□Director		□Director					
□President		□Presiden!					
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
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.							
12. 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.							
13. Jeffey Hennemotu President (Typed or printed name and capacity of person signing application)							



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

January 13, 2025

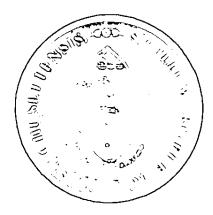
TO WHOM IT MAY CONCERN:

I hereby certify that

THE DECK MAN, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 14**, **1988**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travino Galecin



April 11, 2025

٠,

JEFFREY C. HENNEMUTH 250 SPRING LAKE BLVD N.W. PORT CHARLOTTE, FL 33952 US

SUBJECT: THE DECK PROS INC. Ref. Number: W25000017519

We have received your document for THE DECK PROS INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A

RECEIVED

Letter Number: 125A00007814

APR 2 4 2025



February 11, 2025

JEFFREY C. HENNEMUTH 250 SPRING LAKE BLVD N.W. PORT CHARLOTTE, FL 33952 US

SUBJECT: THE DECK MAN INC. Ref. Number: W25000017519

We have received your document for THE DECK MAN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway Regulatory Specialist II

Letter Number: 725A00002906