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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LORI A BIRDSONG Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Lori ABIROSONS Name of Person
Name of Person
Lori Abirdsong IIR Firm/Company 3840 Ridge top Lane Address Plano, TX 75074 City/State and Zip code
3340 Ridge top Lane
Plano, TX 75074
City/State and Zip code
Iori Q ULR Keyhome Renorations, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (310) 721-3933 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") TURPKEY HOME RENOVATIONS (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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3. 800698515 (State or country under the law of which it is incorporated) which it is incorporated)

(FEI number, if applicable)

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5. Newal/ expuser 9/18/2016

(Duration: Year corp. will cease to exist or "perpetual") Supt 13,2006 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) I Am a consultant only-Lori 33706 8. to perform consultations" on home Renovations or Remording (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 10066 S. YACH+ Club DR
Theasure Island, Florida Fl 3370 6
(City) (Zip code) Office Address: 10. 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.

11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Cor ABrasand Smain Shice
Address: 10064 S Hacht Club Dry 3840 Brase to Stane
Travare Island + 33786 / Plants TX 15674
Vice Chairman:
Address:
3706
Director:
Address:
Director:
Address:
President: Ori ABINOSON 3840 Ridge toplana
President: Ori ABINOSON /3840 Ridge toplana
Address: 10066 Syacht Club Dr. / Plano, TX
TReasure Island, F/33706/ 75074
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Lou A Buchy
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.
14. Wri A Bird. SM

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

LORI A. BIRDSONG, INC.

File Number: 800698515
Assumed Name:
Turnkey Home Renovations

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 01/27/2014

Effective: 01/27/2014



NANDITA BERRY

Nandita Berry Secretary of State

Fax: (512) 463-5709 TID: 10342 Dial: 7-1-1 for Relay Services Document: 526400590002

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Fax Server

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING **OF**

LORI A. BIRDSONG, INC.

File Number: 800698515 Assumed Name: **Turnkey Home Renovations**

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 01/27/2014

Effective: 01/27/2014

Phone: (512) 463-5555

Prepared by: Pat Cantrell



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 526400590002