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CALLAHASSEE, FLURIUA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GWP REMODELING 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:				
JOHANA PAMIREZ GONZALEZ				
Name of Person				
GWP REMODEUNG				
Firm/Company				
8169 WOODLAND WAY				
Address				
SEMMES AL 36575				
City/State and Zip code				
GWPREMODEUNG @ ICLOUD. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
TOHANA R. GONZALEZ at (251) 7746 - 0055 Name of Person Area Code Daytime Telephone Number				
Name of reison Area Code Daytime receptione Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE				

\$78.75 Filing Fee & \$78.75 Filing Fee & Cortificate of Status

□ \$70.00 Filing Fee

\$87.50 Filing Fee.

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.

	MODEUNG INC.		
(Enter name of countries," "Co.," "Co.," "Co.,"	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	<u> </u>
<u> </u>	REMODEL AND MORE IN	.C	
	able in Florida, enter alternate corporate name ad	•	•
(State of country	YW\A y under the law of which it is incorporated) 3.	88 - 241 1925	
<u>(Date</u>	of incorporation) 5.	(Date of duration, if other than	namatuul
•	,	(isute of diaution, it office than	регрешату
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	florida, if prior to registration) 2. F.S., to determine penalty liability)	
8169	WOODLAND WAY SEM	MES, AL 36575	
	(Principal office	street address)	
	(Current multing	address, if different)	
	(Curent manning)	nduress, it differents	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	2027 335
Name:	ANGIE LORENA RAMIREZ		ب. ينو العام
fice Address:	6411 BISCAYNE BIVID.	_	8
nce Address:		_	
	MIANI (City)	, Florida <u>33\38</u>	، چ
		(Zip code)	59
	nt's acceptance: ed as registered agent and to accept service	of process for the above stated and	
signated in this	application, I hereby accept the appointmen	nt as registered agent and agree to	act in this capacity.
rther agree to co d I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my posit	itive to the proper and complete per ion as registered agent.	rformance of my du
	. 0		
	Angie found Ramuy (Registered agent's sign		
	(Registered agent's sign	ature)	
. Attached is a c	ertificate of existence duly authenticated, no	ot more than 90 days prior to deliver	v of this application

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors lup to six (6) totall-

A. DIRECTORS					
□Chairman	Name: JONONA IL GONZALEZ	□ Chairman	Name:		
□Vice Chairman	Address: 81(09 W000 UND)	□Vice Chairman	Address:		
□Director	MARTIN DEMANDED, AL	□Director			
□President	30575	□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			
∐Vice President		CIVice President			
1 (Secretary	(i Frensmer	[7]Secretary	[] Freasurer		
1 1Other) (Other	i (Other	CODE		
¹ !Chairman	Name:	⊡ Cbairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director			
□Presidem	,	□President			
□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.	1 117				
12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) afficus that the facts stated herein are true and that he con-					

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.

Wes Allen Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that GWP REMODELING INC was formed in Alabama on May 20, 2022. The Alabama Entity Identification number for this entity is 001-021-113. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/18/2024

Date

Wur Oll-

Wes Allen

Secretary of State