| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



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Y SULKER

# **COVER LETTER**

|                 | New Filing Sec<br>Division of Cor  |                 |                             |            |                               |                            |                  |  |
|-----------------|--|-----------------|-----------------------------|------------|-------------------------------|----------------------------|------------------|--|
| SHRIE           | гст. <b>Д</b> 4/ "   | TIT             | 1 m 57                      | ~~ ("      | riaco                         | . مسترد                    |                  | DESIGN   |
| SUDJE           | SCI: <u>77 W 7</u>   | N:              | ime of corpora              | ation -    | must includ                   | le suffix                  | 100              | DESIGN<br>UN ENT INC   |
|                 | r or Madam:  |                 |                             |            |                               |                            |                  |  |
| "Certifi        | closed "Applications of Existence of Existen | e," or "Certif  | icate of Good               | Stand      | ing" and che                  | i to Transa<br>eck are sub | ict Bu<br>omitte | siness in Florida,"<br>d to register the                         |
| Please r        | eturn all corresp  | ondence con     | cerning this m              | atter t    | o the follow                  | ing:                       |                  |  |
|                 | AISTU PIH  |                 |                             |            |                               | Č                          |                  | ,  |
|                 | 14131 () 1111  | 411 /71         | Name                        | of Pe      | rson                          |                            |                  |  |
|                 |  |                 |                             |            |                               |                            |                  |  |
|                 | *  |                 | Firm/                       | Compa      | inv                           |                            |                  | <u> </u>   |
| 412             | - i=ac"  | 7 71            |                             | -          | -                             | A                          |                  | - سر محرا  |
|                 | 12/731   | / **            | <i>VIZ IV UI 14</i><br>A    | ddres      | 1 7461                        | HHAS                       | 27.5             | E FL   |
| TA              | /  | ~~ /= <i>/2</i> |                             | a          | 20                            | 2 M '3                     |                  |  |
|                 | 56HHA  | 5572/1          |                             | nte and    | Zin code                      | 205                        |                  |  |
| AN              | SUN 7  | ci ma           | י געם מה ד                  | - <i>^</i> | m.aa                          |                            |                  |  |
| 1/10            | 3070   | E-mail add      | dress: (to be u             | sed for    | future ann                    | ual report                 | notific          | cation)  |
| For furt        | her information  | concerning th   | nic matter tale             | 000 00     | 1.                            |                            |                  |  |
| T OF TUIL       | nor information  | concerning a    | ns matter, pre-             | asc ca     |                               |                            |                  |  |
|                 |  |                 | nt (                        |            | ١                             |                            |                  |  |
|                 | Name of Persor   | 1               | at (                        | rea Co     | de & Dayti                    | me Teleph                  | one N            | lumber   |
|                 |  |                 |                             |            |                               |                            |                  |  |
|                 | STREET/COU<br>New Filing Sect  | ion             | RESS:                       |            | Nev                           | AILING A                   | ection           |  |
|                 | Division of Corp<br>Clifton Building   |                 |                             |            |                               | ision of C<br>Box 632      |                  | ations   |
|                 | 2661 Executive<br>Tallahassee, FL  | Center Circle   | e                           |            |                               | lahassee, F                |                  | 314  |
| Enclose         | d is a check for i   | the following   | amount:                     |            |                               |                            |                  |  |
| <b>□</b> \$70.0 | 00 Filing Fee  |                 | Filing Fee & cate of Status |            | \$78.75 Filir<br>Certified Co |                            |                  | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS  |  |
|---|--|
| Chairman: CHRISTAPHER /Komilian   |  |
| Address:  |  |
|   |  |
| Vice Chairman:  |  |
| Address:  |  |
|   |  |
| Director:   |  |
| Address:  |  |
|   |  |
| Director: _CHRISTOPHBN HomisTON   |  |
| Address:  |  |
|   |  |
| B. OFFICERS   | ≨V.  |
| President:  | 75 0   |
| Address:  | A:   |
|   |  |
| Vice President:   |  |
| Address:  |  |
|   |  |
| Secretary:  |  |
| Address:  |  |
| Treasurer:  |  |
| Address:  |  |
| NOTE: If necessary you may attach an addendum to the application li   | sting additional officers and/or directors.        |
| 13. MONTH   |  |
| Signature of Director or Off The officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted in a a third degree felony as provided for in s.817.155, F.S. | per 12 above) affirms that the facts stated herein |
| 14 CHRISTOPHER HAMILTON   |  |
| (Typed or printed name and capacity of person   | signing application)                               |

# 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.

| (If name unavai                      | lable in Florida, enter alternate corporate name  | e adopted for the purpose of transacting business in Flori                               | ida)        |
|--------------------------------------|---|--|-------------|
| 2                                    | y under the law of which it is incorporated)  | 45-5708876   |             |
|                                      |   | (FEI number, if applicable)  |             |
| 4. <u>/0-3</u>                       | 1 - 2016 5. e of incorporation)   | (Duration: Year corp. will cease to exist or "perpetua                                   |             |
| (Dar                                 | e of incorporation)   | (Duration: Year corp. will cease to exist or "perpetua                                   | al")        |
| 6. <u>/0 - 3</u>                     | 1-2016  |  | <del></del> |
|                                      |   | in Florida, if prior to registration) 1502, F.S., to determine penalty liability)        | <u>→</u>    |
|                                      | (BLE BECTIONS 007.1301 & 007.1  | 1502, 1.5., to determine penalty hability)   | •           |
| 1116                                 |   | 161 000  | 3           |
| 7. 415 1                             | SAST THAVE NUR TALL   | AHASSER (FL 32=30)   | <u>3</u>    |
| 7. 415 1                             | FAST THAVE WR TALL (Principal office add  | AHASSER (FL 32+30)   | 3           |
| 7. 415 1                             |   | dress)   | 3           |
| 7. <u>415</u>                        | Principal office add  | dress)   |             |
| <u> </u>                             | (Current mailing add  | dress)   |             |
| <u> </u>                             |   | dress)   |             |
| 8(Purpose                            | (Current mailing add  | dress)  Country to be carried out in state of Florida)                                   |             |
| 8(Purpose                            | (Current mailing add<br>(s) of corporation authorized in home state or c<br>eet address of Florida registered agent: (P.  | dress)  Country to be carried out in state of Florida)  CO. Box NOT acceptable)          |             |
| 8. (Purpose) 9. Name and stre        | (Current mailing addition) (Current mailing addition) of corporation authorized in home state or coest address of Florida registered agent: (P. CHUSTOPHIL HAMING 415 BAST 7 AVEL | dress)  Country to be carried out in state of Florida)  CO. Box NOT acceptable)  11.17aa |             |
| 8. (Purpose) 9. Name and stree Name: | (Current mailing addition) (Current mailing addition) of corporation authorized in home state or coest address of Florida registered agent: (P. CHUSTOPHIL HAMING 415 BAST 7 AVEL | dress)  Country to be carried out in state of Florida)  CO. Box NOT acceptable)          |             |

#### 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.

(Registered agent's signature)

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.

Control Number: 11096731

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ANT'T NO STOPPING US NOW BY DESIGN ENT INC

## a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13552010 : 07/07/2011 : Georgia : 10/31/2016



B: flam Brian P. Kemp Secretary of State