

F180000001426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

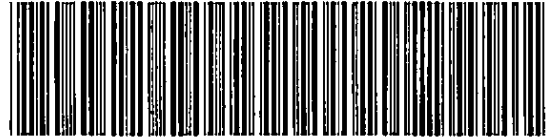
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert w18-21947

Office Use Only



500309772225

03/05/18--01037--006 **87.50

FILED
18 MAR 26 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

SUSAN ADINAMIS
250 E 96TH ST, STE 150
INDIANAPOLIS, IN 46240

SUBJECT: DESIGNER FLOORS OF INDIANA, INC.
Ref. Number: W18000021947

We have received your document for DESIGNER FLOORS OF INDIANA, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00004597

RECEIVED
2018 MAR 26 PM 1:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

* Certificate of
Existence
enclosed

* You still have our
check - \$87.50

* Return Envelope
Attached

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGNER FLOORS OF INDIANA, 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:

SUSAN L. ADINAMIS

Name of Person

ADINAMIS & SAUNDERS, P.C.

Firm/Company

250 E. 96TH STREET, SUITE 150

Address

INDIANAPOLIS, IN 46240

City/State and Zip code

DEB@ADINAMIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEB GARDNER

317 218-2603
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 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.

DESIGNER FLOORS OF INDIANA, INC.

1. _____
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

DESIGNER FLOORS, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

10/12/2014

4. _____ 5. _____
(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)

188 N. Avon Avenue, Suite 104, Avon, IN 46123

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

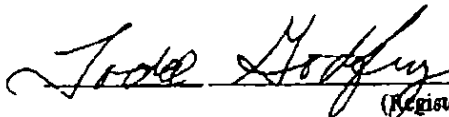
Name: TODD GODFREY

Office Address: 3266 ZORATOA AVE

NORTH PORT, Florida 34286
(City) (Zip code)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: LARRY CLEMENTS

Address: 188 N. Avon Avenue, Suite 104
Avon, IN 46123

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: LARRY CLEMENTS

Address: 188 N. Avon Avenue, Suite 104
Avon, IN 46123

Vice President:

Address:

Secretary: LARRY CLEMENTS

Address: 188 N. Avon Avenue, Suite 104, Avon, IN 46123

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. LARRY CLEMENTS

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

FILED
MAR 26 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned LARRY CLEMENTS, do hereby certify
(Name)

that this Resolution of the Board of Directors of DESIGNER FLOORS OF INDIANA, INC.

(Name of Corporation)

a corporation duly organized and existing under the laws of INDIANA,
(State or Country)

was adopted on JANUARY 12, 2018, adopting the alternate

name of DESIGNER FLOORS, INC.

(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date:

1/24/18

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

PRESIDENT

Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

DESIGNER FLOORS OF INDIANA, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 12, 2004, and was in existence or authorized to transact business in the State of Indiana on January 11, 2018.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 11, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2004101200108 / 2018498885

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>