F20000005539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12/10/20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2020

MEVLUT HILMI CINAR
500 W. ALGONQUIN ROAD
MT PROSPECT, IL 60056

SUBJECT: DESIGN FURNITURE AND LAB SYSTEMS, INC.
Ref. Number: W20000132560

We have received your document for DESIGN FURNITURE AND LAB SYSTEMS, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

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.

Yvette Scott
Document Specialist II

Letter Number: 520A00023250

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGN FURNITURE AND LAB SYSTEMS, 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:

MEVLUT HILMI CINAR
Name of Person

DESIGN FURNITURE AND LAB SYSTEMS, INC.
Firm/Company

500 W ALGONQUIN ROAD
Address

MT PROSPECT , IL 60056
City/State and Zip code

accounting@maestrocorporategroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEVLUT HILMI CINAR at (312) 2152097
Name of Person — Area Code — Daytime Telephone 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**

- ■ $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.

1. DESIGN FURNITURE AND LAB SYSTEMS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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

2. ILLINOIS
(State or country under the law of which it is incorporated)

3. 80-0562653
(FEI number, if applicable)

4. 03/16/2010
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6. 11/01/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 W ALGONQUIN ROAD MT PROSPECT , IL 60056
(Principal office **street** address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee (City), Florida 33470 (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.

Yara Alfaro-Sullivan on behalf of InCorp Services, Inc.
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Mevlut H Cinar ☐Chairman ___ Name: _____

☐Vice Chairman Address: 500 W Algonquin Road, ☐Vice Chairman Address: _____

☐Director Mount Prospect ,IL 60056 ☐Director _____

■President _____ ☐President _____

☐Vice President _____ ☐Vice President _____

☐Secretary ☐Treasurer ☐Secretary ☐Treasurer

☐Other _____ ☐Other _____ ☐Other _____ ☐Other _____

☐Chairman Name: Mevlut H Cinar ☐Chairman Name: _____

☐Vice Chairman Address: 500 W Algonquin Road, ☐Vice Chairman Address: _____

☐Director Mount Prospect ,IL 60056 ☐Director _____

☐President _____ ☐President _____

☐Vice President _____ ☐Vice President _____

■Secretary ☐Treasurer ☐Secretary ☐Treasurer

☐Other _____ ☐Other _____ ☐Other _____ ☐Other _____

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TALLAHASSEE, FLORIDA

☐Chairman Name: Mevlut H Cinar ☐Chairman Name: _____

☐Vice Chairman Address: 500 W Algonquin Road ☐Vice Chairman Address: _____

■Director Mount Prospect ,IL 60056 ☐Director _____

☐President _____ ☐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. _____
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. MEVLUT HILMI CINAR
(Typed or printed name and capacity of person signing application)

File Number 6743-699-7

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DESIGN FURNITURE AND LAB SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 12, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* DECEMBER *A.D.* 2020 .

Authentication #: 2033601458 verifiable until 12/01/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE