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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

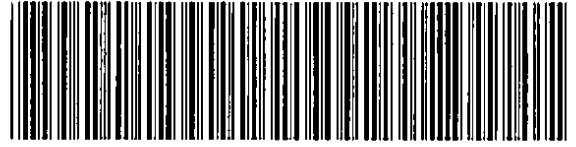
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palermo Design Corp  
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:

Cameron Mothoney  
Name of Person Studio  
Palermo Design Corp / Cameo Designers  
Firm/Company  
3649 Foster Hill Dr. North  
Address  
St. Petersburg, FL 33704  
City/State and Zip code  
Cameronledtile@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cameron Mothoney at (314) 305-0266  
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 TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. Palermo Design Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Michigan 3. 85-2269678
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/2020 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)

7. 3649 Foster Hill Dr. N. St. Petersburg FL 33704
(Principal office street address)

(Current mailing address, if different)

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

Name: Brad Fink

Office Address: 3649 Foster Hill Dr. N. St. Petersburg, Florida 33704
(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.

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

**A. DIRECTORS**

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>Cameron Mothency</u>        | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>3049 Foster Hill Dr</u>  | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | <u>St. Petersburg FL</u>             | <input type="checkbox"/> Director       | _____                                |
| <input checked="" type="checkbox"/> President | <u>33704</u>                         | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |

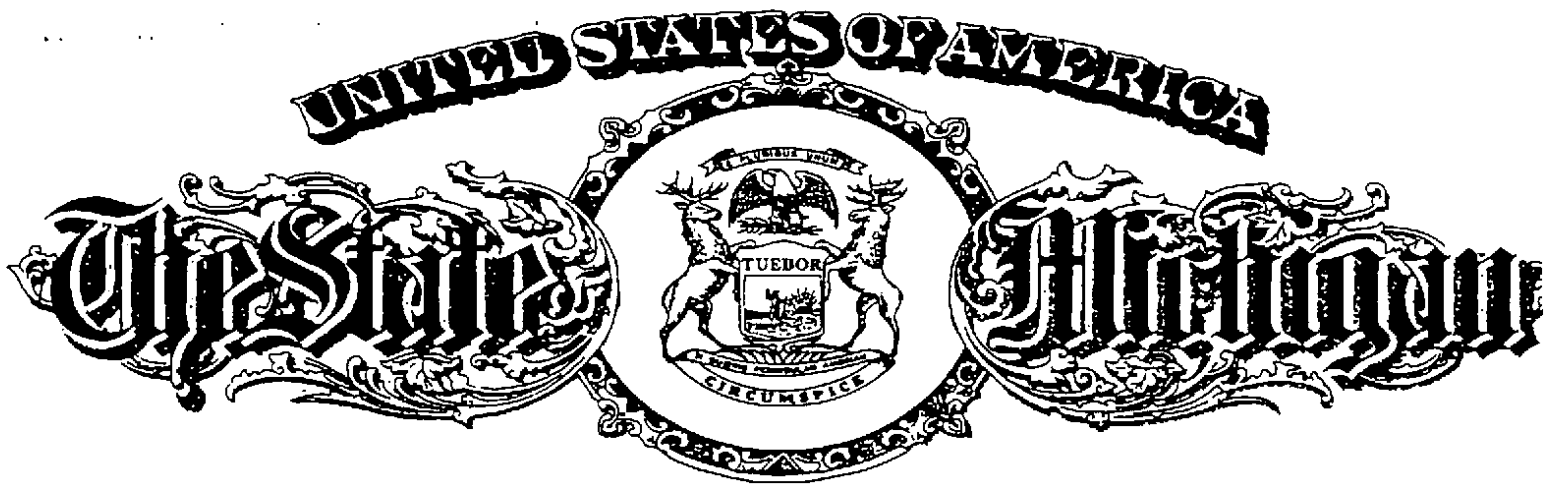
|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman       | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman  | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director       | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President      | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> 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 Cameron Mothency

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. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)  
Cameron Mothency



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**PALERMO DESIGN CORPORATION**

*was validly incorporated on September 28 , 2020 as a Michigan DOMESTIC PROFIT CORPORATION,  
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation  
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other  
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 14th day of June , 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau