# F00000005104

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CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC.			
(Requestor's Name)			
1406 Hays Street, Suite 2			
(Address)			
Tallahassee, FL 32301 (904) 656-3992	OFFICE USE ONLY		
(City State, Zip) (Phone #)			

Other

CC	PRPORATION NAME	s) & DO	OCUMENT NUMB	FK(2) (II KIIO	·Wiij •
-1.	Puccio Des (Corporation	(SNS) Name)	Inc.	(Document	#)
2.	2(Comoration Name)			(Document	#)
3.	(Corporation	Name)		(Document	# (7) 8 SE
4.	4. (Corporation Name)			(Document	#)   7   1   2   2   2   2   2   2   2   2   2
	Walk in Pic	up time	9/12	, , , ,	rtified Cepy P Sept
-	Mail out W	l wait	Photocopy	Ce	rtificate of Status
	NEW FILINGS		AMENDMENTS		
V	Profit	Amer	ndment		$\Delta$
	NonProfit	Resig	nation of R.A., Officer	/Director	nu alla
	Limited Liability	Chan	ge of Registered Agent	t	1 1 111
	Domestication	Disso	olution/Withdrawal		, 01
	Other	Merg	jer		00 00
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	OTHER FILINGS		GISTRATION/ ALIFICATION		72 F CK
Annual Report Fictitious Name		Fore			JARE W
			ted Partnership		RECEIVED  OF SEP 12 MM II: 11  IVISION OF CORPORATION
	Name Reservation	Rein	statement		RECEIVED  OF SEP 12 MM II: 11  DIVISION OF CORPORATION
		Trac	iemark		Examiner's Initials

#### TRANSMITTAL LETTER

		Fo: Qualification/Tax Lien Section Division of Corporations			
<b>-</b> .	SUBJECT: _	_ Procio I	Designs, Inc. (Name of corporation	on - must include suffix)	
	Dear Sir or Ma	adam:		·	
	The enclosed 'Certificate of to transact bus	Existence", a	by Foreign Corporation for and check are submitted to da.	Authorization to Transact register the above reference	Business in Florida", d foreign corporation
	Please return a	all correspond	ence concerning this matte	r to the following:	
		Mi	chael A. Barr, P (Name o	resident f Person)	
		United	Corporate Servic (Firm/Co	es, Inc. ompany)	· · · · · · · · · · · · · · · · · · ·
		•	•	iress)	
		White ?	lains, New York (City/So	_10606 ate/Zip)	
	Should you n	eed to call so	neone concerning this mat	ter, please call:	
**		al A. Ban		) 899–8648 Code & Daytime Telepho	ne Number)
	STREET AI	DDRESS:		MAILING ADDRESS	•
	Qualification Division of C 409 E. Gaine Tallahassee,	s St.	ction	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
	Enclosed is a	check for the	e following amount:		
	□ \$70.00 Fi	ling Fee (	3 \$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. <u>Puccio</u> 1	Designs, Inc.	
(Name of corpo	ration; must include the word "INCORP	ORATED", "COMPANY", "CORPORATION" or
words or abbrev	viations of like import in language as will	l clearly indicate that it is a corporation instead of a
natural person of	or partnership if not so contained in the na	ame at present.)
, - New Yor	k	11 2017077
4,	under the law of which it is incorporate	3
(State of country	under the law of which it is incorporate	d) (FEI number, if applicable)
4. June 8,	1994 5.	3. 11-3217077 (FEI number, if applicable) Perpetual
(Dat	e of incorporation)	3. 11-3217077 d) (FEI number, if applicable) Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6 111	pon qualification	
(Date firs	transacted business in Florida \ (SEE SE	ECTIONS 607.1501, 607.1502 and 817.155, F.S.)
		501101(5 007.1301; 007.1302) and 617.133; 1.53.
7. 410 New	York Avenue	
Hunting	ton, NY 11743	
<del></del>	(Current mailing	address)
	(Salahan)	5 444 555)
g Graphi	c Design	
(Purpose)	s) of cornoration authorized in home stat	te or country to be carried out in state of Florida)
( <u>F</u>	Cy or output and delicated in month said	of country to be carried out hi state of Provida)
9. Name and str	eet address of Florida registered a	gent: (P.O. Box or Mail Drop Box NOT acceptable)
Nomas	Linae Puccio	
_ Name:	Linae Fuccio	
Office Address:	Sanctuary of Boca	
O11100 11ddf033.	Danetaary or bota	
	4400 N. Federal Highway	, Florida, 33431
	Office Number 1	(Zip code)
	Boca Raton, FL 33431	
10. Registered a	igent's acceptance:	
	_	
Having been name	ed as registered agent and to accept serv	ice of process for the above stated corporation at the place designated in
this application, I	hereby accept the appointment as regist	ered agent and agree to act in this capacity. I further agree to comply
with the provisions	s of all statutes relative to the proper and	d complete performance of my duties, and I am familiar with and accept
ine obligations of i	my position as registered agent.	<b>)</b>
	Im i	VOI
	(Registered a)	on's signature)
	C (AWELLIANS AE)	

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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

.... No 2838 P. 6/6

-Aug. 28. 2000 11:03AM UCS 9618

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## State of New York Department of State

-I hereby certify, that the Certificate of Incorporation of PUCCIO DESIGNS, INC. was filed on 06/08/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of August two thousand.

Special Deputy Secretary of State

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