F02000003161

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PS CRAFTSMANSHIP CORPORATION
(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", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

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*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

STEPHAN POUSSE
(Name of Person)

PS CRAFTSMANSHIP CORPORATION
(Firm/Company)

1040 JACKSON AVENUE
(Address)

LONG ISLAND CITY, NY 11101
(City/State and Zip code)

LR 6/21

For further information concerning this matter, please call:

STEPHAN POUSSE at (718) 729 3686
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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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. PS CRAFTSMANSHIP CORPORATION
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK STATE (State or country under the law of which it is incorporated)

3. 13-3923793 (FEI number, if applicable)

4. DEC 20, 1996 (Date of incorporation)

5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1040 JACKSON AVENUE-LONG ISLAND CITY, NY 11101
(Principal office address)
1040 JACKSON AVENUE-LONG ISLAND CITY, NY 11101
(Current mailing address)

8. WHOLESALE DISTRIBUTION OF BATHROOM FIXTURES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: STEPHAN POUSSE

Office Address: 4036 MALAGA AVENUE

COCONUT GROVE (City), Florida 33133 (Zip code)

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.

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

A. DIRECTORS

Chairman: STEPHAN POUSSE

Address: 260 WEST END AVENUE
NEW YORK, NY 10023

Vice Chairman: _____

Address: _____

Director: STEPHAN POUSSE

Address: 260 WEST END AVENUE
NEW YORK, NY 10023

Director: _____

Address: _____

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B. OFFICERS

President: STEPHAN POUSSE

Address: 260 WEST END AVENUE
NEW YORK, NY 10023

Vice President: STEPHEN HOUDAKIS

Address: 206 RICHARDS STREET
BROOKLYN, NY 11231

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHAN POUSSE, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PS CRAFTSMANSHIP CORPORATION was filed on 12/20/1996, 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.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of May two thousand and two.

Special Deputy Secretary of State

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