F03000003113

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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEW ADGE D	esigns inc
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this ma	tter to the following:
ADRIANA CIFUE	NTES
	of Person)
NEW ADGE DESIG	ans inc.
(Firm/	Company)
6162 SAVOY CIRCLE	
(A	ddress)
LUTZ, FL. 335	
(City/Sta	te and Zip code)
For further information concerning this matter, please ADRIANA CIFUENTES at (72)	
(Name of Person) (Are	ea Code & Daytime Telephone Number)
,	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 MAILING ADDRESS: W03-/689
Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314 J. BRYAN JUN 1 2 2003
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 12, 2003

ADRIANA CIFUENTES NEW ADGE DESIGNS INC. 6102 SAVOY CIRCLE LUTZ, FL 33558

SUBJECT: NEW ADGE DESIGNS INC.

Ref. Number: W03000016894

Malana Constanting Constanting

We have received your document for NEW ADGE DESIGNS INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 303A00036538

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.

	ADGE DESIG		·	·	
words or abbrev	ration; must include the wor iations of like import in lang r partnership if not so conta	guage as will clearly indic	ate that it is a corporation		TO WAY
2PEL.	AURE under the law of which it is	3	(FEI number, it	N/A_	9
(State or country	under the law of which it is	incorporated)	(FEI number, it	f applicable)	The Contract of
4	2 - 02 - 00 e of incorporation)		PERPE	TUAL	
				ase to exist or	"perpetual")
6.	tran Que	WFICATION	06/01/03		
(Date first transa	cted business in Florida. II	corporation has not transactions 607.1501, 607.	cted business in rionda,	insert "upon q	ualification.")
7.	5102 SAVOY	CIECLE			
	~ · 0	Principal office address)	···-		
·		<u> </u>	•	· <u></u>	<u> </u>
	- (0	Current mailing address)			
8. Purpose	ECHIECTURAL s) of corporation authorized	+ INTERIOR in home state or country	DESIGN PRO to be carried out in state of	DUCTS SO of Florida)	<u>LD TO PUBLI</u> C
9. Name and str	<u>eet address</u> of Florida r	egistered agent: (P.O	Box or Mail Drop Box	x <u>NOT</u> accep	table)
Name:	ADRIANA CIF	UENTES			
Office Address:	6102 SAVOY	1 CIRCLE			
· ·	LUTZ (City)		.Florida 33558	3	•
	(City)		(Zip code)		
Having been nam designated in this further agree to	agent's acceptance: ned as registered agent a s application, I hereby ac comply with the provision familiar with and accept	ccept the appointment on sof all statutes relative	as registered agent and e to the proper and co	d agree to ac implete perfo	t in this capacity. I
_	Sfdry	ina Ciluen	tes		
	' (F	Registered agent's signatur	re)		

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:	
Address:	
Vice Chairman:	
Address:	1 B A
	The second second
Director:	1800 Q
	7.70, A.
Address:	
	77
Director:	
Address:	
B. OFFICERS	
President: ADRIANA CIFUENTES	
Address: 6102 SAVOY CIRCLE	
LUTZ, FL: 33558	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
Autress.	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	<u> </u>
(Signature of Charrman, Vice Chairman, or any officer listed in number 12 of	f the application)
14. ADRIANA CHOENTES	
(Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW ADGE DESIGNS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2003.





Warriet Smith Hindson
Harrier Smith Windson Secretary of State

AUTHENTICATION: 2433204

DATE: 05-23-03

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