# F03000003460

(Reque <b>s</b> tor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	] WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: BARON UP! (Name o	HOLSTERERS, INC.
(Name o	of corporation - must include suffix)
Dear Sir or Madam:	
	poration for Authorization to Transact Business in Florida", bmitted to register the above referenced foreign corporation
Please return all correspondence concerning	g this matter to the following:
STEPHEN URBAI	<u>o</u>
	(Name of Person)
BARRON UPHOLISTE	RERS INC.
BARON UPHOLSTE	(Firm/Company)
545 N. 45# ST	3 <sup>rd</sup> Floor
	(Address)
NY, NY 1003	City/State and Zip code)
For further information concerning this mate	ter, please call:
STEPHEN URBAN at	(212) 664-0800
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	-Tallahassee, FL 32314
Enclosed is a check for the following amoun	nt:
□ \$70.00 Filing Fee □ \$78.75 Filing F Certificate of \$	· · · · · · · · · · · · · · · · · · ·

## 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. TBARAN UP HOLETERER	S INC.  PROPRATED", "COMPANY", "CORPORATION" or
	will clearly indicate that it is a corporation instead of a
NEW VORK	3 <b>13-30302/</b>
2. NEW YORK (State or country under the law of which it is incorpor	rated) (FEI number, if applicable)
1980	5. PERPUTUAL  (Duration: Year corp. will cease to exist or "perpetual")
<u> </u>	
(SEE SECTIONS	on has not transacted business in Florida, insert "upon qualification.") 607.1501, 607.1502 and 817.155, F.S.)
545 W. 45th STREET	BUFL NY NY 10036
(Principal	office address)
	M&
(Current m	ailing address)
and the same and t	state or country to be carried out in state of Florida)  d agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: LINDA A. POLETTI	INTERIOR DECORATION, INC.
Office Address: 205 WOLTH AVI	E , Suite 305 -
	Florida 33480 (Zip code)
esignated in this application, I hereby accept the	cept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. statutes relative to the proper and complete performance of my gations of my position as registered agent.
Dinda Polett	adrios

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:

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		<del></del>
lress:	<u> </u>	
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c Chairman:		
ress:		
ector:		
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10000		
etor:		
ress:		
ress: 91 Country Club Than hasset, by President: Paul J. Urban	1 1030	
ress: 32 STUART PLAK	<u> </u>	
MANHASET, NY	1020	<del></del>
etary:		
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surer:	· 	
ess:	=	
TE: If necessary, you may attach an addendum		FA
(Signature of Chairman, Vice Chair	*	number 12 of the application)
STEPHEN ORBAN PRES	l capacity of person signing	annlication

# State of New York Department of State

I hereby certify, that the Certificate of Incorporation of BARON UPHOLSTERERS INC. was filed on 06/11/1980, 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.

\*\*

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

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