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Dimensions Design, Inc.

Transmittal

To:	Jaso	on Merrick - Division	of Corp.	From	Lee Ann Meagher	<u> </u>
Fax:				Pages:	3	
Phone:				Date:	02/04/05	
Dimensions Design, Inc. Corporate Name -contact change		CC:				
□ Urge	nt	☐ For Review	☐ Please Co	mment	☐ Please Reply	☐ Please Recycle
Dear Mr	. Mei	mick,				

Per our conversation I am sending you a new transmittal letter and new contact person to send any correspondence to, which is me, for the filing of Dimensions Design, Inc. I am submitting for a new corporate name as our initial filing for our foreign corporation to transact business in Florida was rejected because of our name selection. Please accept Dimensions Design Studio, Inc. as our new chosen name and see the attached. I will now be the contact person as my lawyer who was Marc Cervantes from Worker Sitko Hoffamn Law Firm in , Chicago,IL is no longer representing me. I am the agent here in Florida and will oversee all of our company affairs. Please return the new name/corporate filing to me. My address is attached. Please call with any questions. I can be reached at 239-949-9356. Thank-you.

Sincerely,

Lee Ann Meagher, Principal

Dimensions Design, Inc.

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TO SECTION OF STATE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2005

MARC A. CERVANTES 150 NORTH WACKER DRIVE, STE. 3100 CHICAGO, IL 60606

SUBJECT: DIMENSIONS DESIGN, INC.

Ref. Number: W05000005552

We have received your document for DIMENSIONS DESIGN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00007595

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D' Con a Communition DO DOV 2007 Tollaharana Florida 9991

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT:DIMENSIONS_DESIGN, INC.			
(Name of corporation	on - must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to a transact business in Florida.			
Please return all correspondence concerning this matter	r to the following:		
Marc A. Cervantes			
(Name of	f Person)		
Worker, Sitko & Hoffman, 11c			
(Firm/Co	ompany)		
150 North Wacker Drive, Suite 3100			
(Add	ress)		
Chicago, IL 60606			
(City/State	and Zip code)		
For further information concerning this matter, please of	call:		
Marc A. Cervantes at (312) 345-1718		
(Name of Person) (Area of	Code & Daytime Teleph	one Number)	er se
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING AI Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	FORM
□ \$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 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 Dimensions Design , Inc.

1. <u>Dimer</u>	sions Vesign, Inc.		
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		
me., co., co	ip, me, co, or corp.)		
Dimen	sions Design Studio, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting bus	iness in Florida)	
2 Illianie	3 36 - 444 6708		
(State or country	ander the law of which it is incorporated) 3. 36-4446708 (FEI number, if applicable)	e)	
	1 11, 200 5. Per petual (Duration: Year corp. will cease to exist		
(Date	of incorporation) (Duration: Year corp. will cease to exist	or "perpetual")	
6	(Date first transacted business in Florida, if prior to registration)		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7 631	8th Street South, Naples, \$1 34102		
,. <u> </u>	8th Street South, Naples, #1 34102 (Principal office address)		
28030	Dovewood Ct. Ste. 304, Bonita Springs F	L 34135	
	Dovewood Ct. Ste. 304, Bonita Spurgs F (Current mailing address) residential		
o linto	rior design showroom / interior design of corporation authorized in home state or country to be carried out in state of Florida)		
(Purpose(s	of corporation authorized in home state or country to be carried out in state of Florida)		
	address of Florida registered agent: (P.O. Box NOT acceptable)		
Name.	Lee Ann Meagher 28030 Dovewood Ct. Ste 304		
Office Address:	28030 Dovewood Ct. STC 30T	Zas Zai	
	Bonita Springs , Florida 34135 (City) (Zip code)	2005 FEB - SECAS AN	ee s
	' (City) (Zip code)		
10. Registered ag		in i	d E***
	ed as registered agent and to accept service of process for the above stated corp application, I hereby accept the appointment as registered agent and agree to c		
further agree to co	mply with the provisions of all statutes relative to the proper and complete per	formance of my d	
ana I am jamular	with and accept the obligations of my position as registered agent.	11.	
	- YM Dasly		
_	CX. / VUXUU		
	(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: EUGENE C. RICCIARDI	
Address: 3936 South Western Avenue, Chicago, Illinoi	s 60609
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: EUGENE C. RICCIARDI	
Address: 3936 South Western Avenue, Chicago, Illinois	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	(S) 1
Address:	7:
	24
NOTE: If necessary, you may attach in addendum to the application list	
13. XX Centre	
Signature of Director or Officer listed in number	12 of the application)
14. Eugene C. Ricciardi, President	
(Typed or printed name and capacity of person s	igning annlication)

File Number

6156-477-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JANUARY

A.D.

2005

Desse White

SECRETARY OF STATE