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THE PROPERTY OF STATE

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TRANSMITTAL LETTER

TO:		ration Se on of Co	ection rporations						
SUBJ	ECT:	Design	Services, Ir	ıc.					
					oration - must	include suffix)			
Dear S	ir or M	adam:							
"Certif	icate of		e," and check			zation to Transa he above referer			
Please	return s	ill corres	pondence con	cerning this n	natter to the fo	ollowing:			
Jane (Cetran	jolo							
				(Na	me of Person)				
Desig	n Serv	ces, Inc	<u> </u>						
				(Fin	m/Company)				
РО Во	x 1789)					·		<u>_</u>
				((Address)			TANE THE	
Land	O Lake	s, FL 34	639						
				(City/S	State and Zip	code)	-		7
For fu	ther inf	ormation	concerning t	his matter, ple	ease call:			N GF 8	σ 70 :
Jane (Cetranç	golo		at (81	3 ₎ 949)- 4 748			1 4 بد
	(Nam	e of Pers	on)			Daytime Teleph	one Numbe	er)	-
	Regist Divisi 409 E	. Gaines	ection rporations			MAILING AI Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7		
Enclos	ed is a	check for	the following	g amount:					
\$70).00 Fili	ng Fee	\$78.75 Certific	Filing Fee & cate of Status		Filing Fee & ed Copy	Cert	0 Filing For Sificate of Sified Copy	itatus &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2005

JANE CETRANGOLO DESIGN SERVICES, INC. P.O. BOX 1789 LAND O LAKES, FL 34639

SUBJECT: DESIGN SERVICES, INC.

Ref. Number: W05000035493

We have received your document for DESIGN SERVICES, INC. and your check(s) totaling \$78.75. 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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 605A00048689

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.	Design Service	ces, Inc.			
		corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	•
	Design Servi	ces Inc 2005			
	(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	•
2.	Vermont		3.	03-0298187	
	(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)	-
4.	6/20/84		5.	Perpetual	
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	•
6.					
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	•
7.	2200 Knight R	Road, Land O Lakes, FL 34639			
		(Principal office	add	ress)	
	PO Box 1789,	Land O Lakes, FL 34639			_
		(Current mailing	add	ress)	
8.	Sign material	s.		SECON ALLEANT	2017F
	(Purpose(s	s) of corporation authorized in home state of	or co		P 4.39
9.	Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	بيس. (و الفور
	Name:	David Cetrangolo			** <u>5.2</u> 4
Office Address:		2200 Knight Road			
		Land O Lakes		, Florida 34639	
		(City)		(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 signsture)

- 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, DIRECTO	ORS .		
Chairman:		· · · · · · · · · · · · · · · · · · ·	
Address:		·	
Vice Chairman:			
Audress.			
Director:			
		,	
7 Iddi 055			
Director:		· · · · · · · · · · · · · · · · · · ·	
Address:			
B. OFFICER	e Cetrangolo		
Address: 403	5 Cox Drive	75 H	
	d O Lakes, FL 34639	ECRET	- []
Vice President:	David Cetrangolo	ST I	
Address: 403		Fig. 7	
Lan	d O Lakes, FL 34639	Egg w	
Secretary: Da	vid Cetrangolo	5	
Address: 403	35 Cox Drive, Land O Lakes, FL 34639		
Treasurer: Jan	ne Cetrangolo		
Address: 403	35 Cox Drive, Land O Lakes, FL 34639		
NOTE: If no	cessary, you may attach an addendum to the application listing additional officers. (Signature of Director or Officer listed in number 12 of the application)	and/or directors.	
14 Jane Ce	trangolo, President		
A T,	(Typed or printed name and capacity of person signing application)		

STATE OF VERMONT

OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that according to the records of this office

DESIGN SERVICES, INC.

a corporation formed under the laws of Vermont

was filed for record in this office on December 20, 1984

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

July 13, 2005

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Deborah Markowitz Secretary of State

