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(Requestor's Name)
(Address)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: DESIGN TECH INTERIORS, INC.
(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.
Please return all correspondence concerning this matter to the following:
SHEILA T. JARRES
(Name of Person)
DESIGN TECH INTERIORS, INC.
(Firm/Company)
19540 MARSH POINT RUN 5-201
(Address)
ESTERO, FLORIDA 33928
(City/State and Zip code)
For further information concerning this matter, please call: SHEILA JARRES at 239-498-2694
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$78.75 Filing Fee & \$\bigcup \\$87.50 Filing Fee, Certificate of Status & Certified Copy 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.	DESIGN TECH	H INTERIORS, INC.	-				
	(Enter name of cor	rporation; must include "INCORPORATE	ED," "COMPANY," "CORPORATION,"				
		rp," "Inc," "Co," or "Corp.")					
		IGN TECH INTERIORS, INC.	<u> </u>				
	(If name unavaila	ble in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Flor	rida)			
			FR & T				
2.	ILLINOIS		3.36-3661176	<u> </u>			
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable) w	U.			
	07 05 00			0			
4.	07-25-89		5. PERPETUAL				
		(Date of incorporation)	(Duration: Year corp. will cease to exist of perpenua				
6	01-01-06		5	•			
v.	02 02 00	(Date first transacted husiness	in Florida, if prior to registration)				
			502, F.S., to determine penalty liability)				
		(555 555 1151 15 00 11 15 0 15 15 15 15 15 15 15 15 15 15 15 15 15	502,7 161, to determine penant, marine,)				
7.	19540 MARSH	H POINT RUN 5-201, ESTERO	, FLORIDA 33928	•			
	(Principal office address)						
	07147						
	SAME	· · · · · · · · · · · · · · · · · · ·		·			
		(Current m	ailing address)				
^	INTERIOR DE	POT CN					
8.			the an armstant to the armind and in state of Filmida				
	(Purp	ose(s) of corporation authorized in nome s	state or country to be carried out in state of Florida)				
Q	Name and street	address of Florida registered agent: (P	O Box NOT acceptable)				
٠.	11ame and street	address of Fronda registered agent. (1	.o. box 1101 acceptable)				
	Name:	LARRY JARRES					
	ranic.		-				
O	ffice Address:	19540 MARSH POINT RUN 5-	-201				
.	1 1441 455.		<u> </u>				
		ESTERO	, Florida 33928				
		(City)	(Zip code)				
		(0.3)	(=/				

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.

Parry Saul Teasure 7
(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:

DIRECTORS	
airman:	
dress:	
	,
e Chairman:	
dress:	<u> </u>
100 To 10	TI.
ector:	<u> </u>
dress:	2
P	
ector:	
dress:	
	<u></u>
OFFICERS	
sident: SHEILA JARRES	
dress: 19540 MARSH POINT RUN 5-201	
ESTERO, FL 33928	
ee President:	
dress:	
cretary: LARRY JARRES	
dress: 19540 MARSH POINT RUN 5-201, ESTERO, FL. 33928	-
easurer: LARRY JARRES	_
dress: 19540 MARSH POINT RUN 5-201, ESTERO, FL. 33928	
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Director or Officer listed in number 12 of the application)	
SHEILA JARRES-PRESIDENT	
(Typed or printed name and capacity of person signing application)	

STF FL32376F.3

File Number

5560-197-6



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

DECEMBER A.D. 2005.

Desse White