# F07.00000 5038

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

B. WHITE OCT 1 2007

MyCorporation
From the makers of QuickBooks

26520 Agoura Road Calabasas CA 91302 Toll Free: 1-888-692-6771

Direct/Intil 1-818-879-9079 | Fax 1-818-879-8005 e-muil info@mycorporation.com

September 26, 2007

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301

RE: FOREIGN QUALIFICATION: ALLSTATE OFFICE INTERIORS, INC.

Ladies and Gentlemen:

Please find enclosed for filing executed duplicate originals of the Application by a Foreign Corporation for Authorization to Transact Business in Florida as well as a Certificate of Good Standing from the home jurisdiction for the above-referenced entity.

Also enclosed is a check in the amount of \$78.75 as the appropriate fees for filing and for a **certified copy**.

Please return all final documentation to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 26520 Agoura Rd. Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMTIONS DEPARTMENT 818-879-9079.

### **COVER LETTER**

| TO: New Filing Section Division of Corporations   |   |  |  |  |  |
|---|---|--|--|--|--|
| SUBJECT: ALLSTATE OFFICE INT  | TERIORS, INC.   |  |  |  |  |
| (Name of corporation - must include suffix)   |   |  |  |  |  |
| Dear Sir or Madam:  |   |  |  |  |  |
| ,, , , , , , , , , , , , , , , , , , ,  | for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to |  |  |  |  |
| Please return all correspondence concerning this m  | atter to the following:   |  |  |  |  |
| Post-Formation Filings  |   |  |  |  |  |
| · (Nan  | ne of Person)   |  |  |  |  |
| MyCorporation   |   |  |  |  |  |
|   | n/Company)  |  |  |  |  |
| 26520 Agoura Road   |   |  |  |  |  |
| (4  | Address)  |  |  |  |  |
| Calabasas, CA 91302   |   |  |  |  |  |
|   | tate and Zip code)  |  |  |  |  |
|   |   |  |  |  |  |
| For further information concerning this matter, plea  | ase call:   |  |  |  |  |
| Post-Formation Filings at ( 818 ) 879-9079  |   |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |   |  |  |  |  |
|   | •   |  |  |  |  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314              |  |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |  |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status   | ▼\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.  | ALLSTATE                                | E OFFICE INTERIORS, INC   | Σ.  | 2007 OCT 10 P 1: 4                      | ٦, |
|---|---|---|---|---|----|
|   | (Enter name of co<br>"Inc.," "Co.," "Co | rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.") |   | N," SECRETARY OF STAT TALLAHASSEE.FLORI | Ε  |
|   |   |   |   |   |    |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |   |   |   |   |    |
| 2.  | New Jerse                               | e <b>y</b> 3  | 22-3348404  |   |    |
|   | (State or country u                     | inder the law of which it is incorporated)                          | (FEI number, if app   | licable)                                |    |
| 4.  | 01/20/1995                              | 5   | Perpetual   |   |    |
|   | (Date                                   | of incorporation)   | (Duration: Year corp. will cease to   | exist or "perpetual")                   |    |
| 6. The date the corporation will first begin business in the state of Florida is  |   |   |   |   |    |
|   | •                                       |   | in Florida, if prior to registration) 502, F.S., to determine penalty liability | ity)                                    |    |
| _   | 102 Agress                              | s Rd, Clarksburg, New Jers  | • •   | • |    |
| 7.  | 1017191001                              | (Principal office ad  | <u> </u>  |   |    |
|   | 102 Agress                              | s Rd, Clarksburg, New Jers  | ,   |   |    |
|   |   | (Current mailing ad   |   | <del></del>                             |    |
|   |   |   |   |   |    |
| 8. office furniture sales   |   |   |   |   |    |
|   | (Purpose(s)                             | orida)  |   |   |    |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   |   |   |   |   |    |
|   | Name:                                   | NRAI Services, Inc.   | <del></del>   |   |    |
| О   | ffice Address:                          | 2731 Executive Park [   | <u> Drive, Suite 4</u>  |   |    |
|   |   | Weston  | , Florida 33331   |   |    |
|   |   | (City)  | (Zip code)  |   |    |
| 10  | ). Registered ago                       | ent'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 signature) NRAI Services, Inc., by Meghan Record, Asst. Sec.

12. Names and business addresses of officers and/or directors:

<sup>11.</sup> 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.

| A. DIRECTORS   | ·                                       |
|--|---|
| Chairman:  | FILED                                   |
| Address:   |   |
| ·  | 2007 OCT 10 P 1:47                      |
| Vice Chairman:   | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Address:   |   |
|  |   |
| Director: Michael Spooner  | ·                                       |
| Address: 102 Agress Rd, Clarksburg, New Jersey 08510                         | )                                       |
| Director: Beth Spooner   |   |
| Address: 102 Agress Rd, Clarksburg, New Jersey 08510                         | )                                       |
| Address:   |   |
| B. OFFICERS  |   |
| President: Michael Spooner   |   |
| Address: 102 Agress Rd, Clarksburg, New Jersey 08510                         | )                                       |
| Vice President: Beth Spooner   |   |
| Address: 102 Agress Rd, Clarksburg, New Jersey 08510                         | )                                       |
|  |   |
| Secretary:   |   |
| Address:   |   |
| Treasurer: Michael Spooner   |   |
| Address: 102 Agress Rd, Clarksburg, New Jersey 08510                         | )                                       |
| NOTE: If necessary, you may attach an addendum to the application listing ad | ditional officers and/or directors.     |
| 13. (Signature of Director or Officer listed in number 12 of the             | he application)                         |
| Michael Spooner, President/Director  | ••                                      |
| (Typed or printed name and capacity of person signing                        | application)                            |

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

#### ALLSTATE OFFICE INTERIORS, INC.

FILED

0100613695

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 20, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Michael Spooner 102 Agrees Road Clarksburg, NJ 08510 0000

CREAT SO STATE OF THE STATE OF

Certification# 111238156

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 26th day of September, 2007

Michelles

Michellene Davis
Acting State Treasurer

Verify this certificate at https://wwwł.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp