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| (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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COVER LETTER

| TO: | FO: New Filing Section Division of Corporations | | | | |
|---|--|--|---|--|--|
| SUBJ | ECT: | DEIGNAN | MANAGEMEN oration - must include suffix | T, INC. | |
| 2020 | | (Name of corp | oration - must include suffix | (1) | |
| Dear S | Sir or Madam: | | | | |
| "Certif | iclosed "Applic ficate of Exister of business in F | | n for Authorization to Trans d to register the above refer | act Business in Florida," enced foreign corporation to | |
| Please | return all corre | spondence concerning this n | natter to the following: | | |
| | M | ICHAEL DE | IGNAN | | |
| | | (Na | me of Person) | | |
| DEIGNAN MANAGEMENT, INC. | | | | | |
| | | (Fir | m/Company) | | |
| 2370 SOFIA LNI (Address) | | | | | |
| | | | (Address) | -007 | |
| RUNTA GORDA FL 33983 | | | | | |
| | | (City/S | state and Zip code) | | |
| For fu | rther informatio | n concerning this matter, ple | ease call: | | |
| $\mathcal{M}_{\mathcal{C}}$ | HAFT | DEIGNAN at (9 | 41,766-8 | 3437 | |
| (Name of Person) at (941), 766 - 8437 (Area Code & Daytime Telephone Number) | | | | | |
| | | | | | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | New Filing 9 Division of 6 P.O. Box 63 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclos | sed is a check for | or the following amount: | | | |
| \$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. DEIGNAN MANAGEMENT, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." 1. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. NEW YORK

(State or country under the law of which it is incorporated)

4. O4 - 33 - 1996

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") HONE (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SOFIA LN PUNTA GORDA, FL 33983
(Principal office address) Same (Current mailing address) REAL ESTATE MANAGEMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 2370 SOFIA LN
PUNTA GORDA, Florida 3398
(City) (Zip code) Office Address: 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.

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.

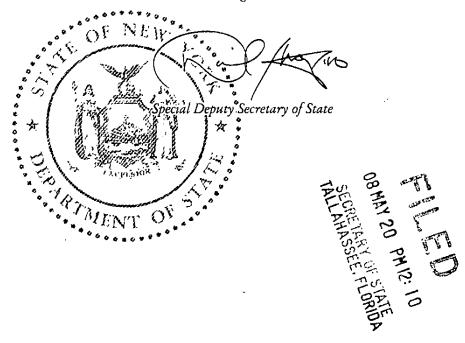
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: MICHAEL 33983 Vice Chairman: ____ Address: ___ Director: __ Address: **B. OFFICERS** Vice President: Address: EIGNAN SUFIA Address: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) MICHAEL DEIGNAN PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DEIGNAN MANAGEMENT, INC. was filed on 04/23/1996, 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 an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of May two thousand and eight.



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