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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 28 PM 8:4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Specialty Group, LTD
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," or "Certificate of Good Standing" 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:

Anita Gillett
Name of Person

The Specialty Group, LTD dba: Luxlut Stage Curtains
Firm/Company

9- West Cary Street
Address

Richmond, VA 23220
City/State and Zip code

agillett@thespecialtygrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Gillett at (804) 264-3000 X308
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 & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
13 OCT 28 PM 8:4
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. The Specialty Group Ltd, CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "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. Virginia
(State or country under the law of which it is incorporated)

3. 54-0927814
(FEI number, if applicable)

4. 2/14/73
(Date of incorporation)

5. _____
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9-West Cary Street, Richmond, VA 23220
(Principal office address)

9-West Cary Street, Richmond, VA 23220
(Current mailing address)

8. Sales of Product - Stage Curtains
(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: Scott MacFayden

Office Address: 8518 Peconic Drive

Orlando, _____, Florida 32835
(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 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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Glenn A. Lovette

Address: 9-West Cary Street

Richmond, VA 23220

Vice President: Deborah Lovette

Address: 9-West Cary Street

Richmond, VA 23220

Secretary: _____

Address: _____

Treasurer: Glenn A. Lovette

Address: 9-West Cary Street, Richmond, VA 23220

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

X 13. Deborah Lovette

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 14. Deborah Lovette V.P.

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

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That THE SPECIALTY GROUP, LTD. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is February 14, 1973;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:
October 24, 2013

Joel H. Peck

Joel H. Peck, Clerk of the Commission

CISECOM
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