

✓ 150000001510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

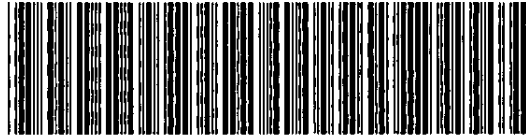
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/15--01011--001 **70.00

15 APR -6 PM 12:02
CLERK OF COURT
ALL COUNTY OF FLORIDA

MD 4/9

JESSE S. MCINTYRE, P.A.
Attorney at Law

105 Solana Road, Suite B
Ponte Vedra Beach, Florida 32082
mcintyrelawoffice.com

jessemcintyrelaw@gmail.com
Telephone: 904-710-9692

April 1, 2015

Via U.S. Mail

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir/Madam:

Please find enclosed the following in connection with my client's Application by Foreign Corporation for Authorization to Transact Business in Florida ("Application"):

- Cover Letter
- Completed Application
- Original Certificate of Standing from the State of California
- Filing fee of \$70.00

Please let me know if you need anything else to process my client's Application.

Sincerely,



Jesse S. McIntyre

Encl.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sharelle Furnishings, 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," 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:

Jesse S. McIntyre

Name of Person

Jesse S. McIntyre, P.A.

Firm/Company

105 Solana Road, Suite B

Address

Ponte Vedra Beach, FL 32082

City/State and Zip code

jessemcintyrelaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse S. McIntyre at (904) 710-9692

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

1. **Sharelle Furnishings, Inc.**

(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. **California**

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

3. **16-1635842**

(FEI number, if applicable)

4. **09/13/2002**

(Date of incorporation)

5. **Perpetual**

(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. **11626 Tuxford Street, Sun Valley, CA 91352**

(Principal office address)

11626 Tuxford Street, Sun Valley, CA 91352

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Jesse S. McIntyre, P.A.**

Office Address: **105 Solana Road, Ste B**

Ponte Vedra Beach

(City)

, Florida **32082**

(Zip code)

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Yechiel Kiesler

Address: 5000 Queen Victoria Rd.

Woodland Hills, CA 91364

Vice President: Edna Kiesler

Address: 5000 Queen Victoria Rd.

Woodland Hills, CA 91364

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 

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.

13. Yechiel Kiesler

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

15 APR - 6 PM 12:02

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SHARELLE FURNISHINGS, INC.

FILE NUMBER: C2447220
FORMATION DATE: 09/13/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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State of California
Secretary of State

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 20, 2015.

ALEX PADILLA
Secretary of State

SYP