

FIS000003201

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000177816 3)))



H150001778163ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

2015 JUL 22 P 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**FOREIGN PROFIT/NONPROFIT CORPORATION
PERFECT INTERIOR DESIGNS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
15 JUL 22 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000177816 3

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.

PERFECT INTERIOR DESIGNS, INC.

1. (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)

NEW YORK

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

01/18/1991

4. _____ (Date of incorporation) 5. _____ (Date of duration, if other than perpetual)

07/21/15

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

1930 47TH STREET

7. _____
(Principal office address)

BROOKLYN, NY 11204

(Current mailing address, if different)

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

Name: LEONID SKUTELSKY
DCOTA BLDG, 1855 GRIFFIN RD., STE RC6

Office Address: DCOTA BLDG, 1855 GRIFFIN RD., STE RC6

DANIA BEACH 33004

(City) (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.

L. Skutelsky

(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.

H15000177816 3

H15000177816 3

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

A. DIRECTORSChairman: LEONID SKUTELSKYAddress: DCOTA BLDG, 1855 GRIFFIN RD., STE RC6DANIA BEACH, FL 33004

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: LEONID SKUTELSKYAddress: DCOTA BLDG, 1855 GRIFFIN RD., STE RC6DANIA BEACH, FL 33004

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. L. Skutelsky

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. LEONID SKUTELSKY

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

H15000177816 3

FILED
2015 JUL 22 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H15000177816 3

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of PERFECT INTERIOR DESIGNS, INC. was filed on 01/18/1991, 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 21st day of July
two thousand and fifteen.*

Anthony Giardina
Executive Deputy Secretary of State

201507220170 * 56

H15000177816 3