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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
JUL -8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANVIEW WALL SYSTEM, 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:

ALAIN MOTTA

Name of Person

PLANVIEW WALL SYSTEM, INC

Firm/Company

3820 SW 1ST STREET

Address

CORAL GABLES, FL 33134

City/State and Zip code

MOTTAALAIN@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALAIN MOTTA

954

673-6030

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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**

*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.*

PLANVIEW WALL SYSTEM, 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)

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than 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. _____
(Principal office address)
- 3820 SW 1ST STREET, CORAL GABLES, FL 33134
- _____ , Florida _____
(Current mailing address, if different) (City) (Zip code)

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

Name: ALAIN MOTTA

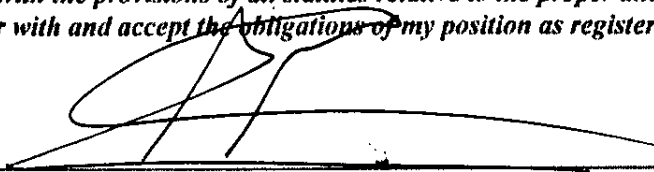
Office Address: 3820 SW 1ST STREET

CORAL GABLES , Florida 33134

(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.



(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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ALABAMA, FLORIDA

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

A. DIRECTORS

Chairman: ALAIN MOTTA

Address: 3820 SW 1ST STREET

CORAL GABLES, FL 33134

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ALAIN MOTTA

Address: 3820 SW 1ST STREET

CORAL GABLES, FL 33134

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. _____

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. ALAIN MOTTA

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

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TALLAHASSEE, FLORIDA



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

FREEDOM ACCOUNTING AND MORE INC
STE201
700 W VINE ST
KISSIMMEE, FL 34741

May 26, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0203722

Issuance Date: 05/26/2016
Copies Requested: 1

Document Receipt

Receipt #: 002716406

Regarding: Planview Wall System, Inc
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 05/26/2016
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 850418
Date Formed: 05/26/2016
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Planview Wall System, Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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