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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

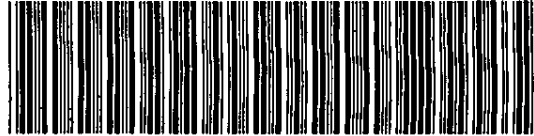
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name conf.

W16-26386

Office Use Only



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04/05/16--01008--011 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 AUG 16 P 2:40 PM

FILED

S Warren

AUG 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2016

FLOOR COATING SPECIALISTS ***2ND MAILING***
4730 S. APACHE ROAD, SUITE 300
ATTN: MARIO E. COSIO
LAS VEGAS, NV 89147

SUBJECT: FLOOR COATING SPECIALISTS, INC.
Ref. Number: W16000026386

We have received your document for FLOOR COATING SPECIALISTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L16000013302 FLOOR COATING SPECIALISTS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 916A00007300



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

MARIO E. COSIO
P.O. BOX 27740
LAS VEGAS, NV 89126

SUBJECT: FLOOR COATING SPECIALISTS, INC.
Ref. Number: W16000026386

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Stacey M Warren
Regulatory Specialist II

Letter Number: 916A00007300

COVER LETTER

TO: Registration Section
Division of Corporations
FLOOR COATING SPECIALISTS, INC.

SUBJECT: _____
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:

Name of Person
FLOOR COATING SPECIALISTS, INC.

Firm/Company
PO BOX 27740

Address
LAS VEGAS, NV 89126

City/State and Zip code

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

For further information concerning this matter, please call:

MARIO E COSIO 305 725-5917

Name of Person at () Daytime Telephone Number
Area Code

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.

FLOOR COATING SPECIALISTS, 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)

Nevada

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

02/05/16

Perpetual

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)

4730 S Fort Apache Rd Suite 300 Las Vegas NV 89147

7. _____
(Principal office address)

P.O. Box 27740 Las Vegas NV 89126

(Current mailing address, if different)

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

Name: Business Filings Incorporated

Office Address: 1200 S Pine Island Rd

Plantation, Florida 33324
(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.

Bernard J. Hutter, Asst. Secretary
(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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2015 AUG 16 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Dianna R Temple

Address: 4730 S Fort Apache Rd Suite 300

Las Vegas NV 89147

Director: N/A

Address: _____

B. OFFICERS

President: Dianna R Temple

Address: 4730 S Fort Apache Rd Suite 300

Las Vegas NV 89147

Vice President: N/A

Address: _____

Secretary: Dianna R Temple

Address: 4730 S Fort Apache Rd Suite 300 Las Vegas NV 89147

Treasurer: Dianna R Temple

Address: 4730 S Fort Apache Rd Suite 300 Las Vegas NV 89147

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. Dianna R Temple, President

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

FILED
2018 JUN 6 P 2:40
TREASURY OF STATE
TAMPA, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FLOOR COATING SPECIALISTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 5, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 15, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160815-0050
You may verify this electronic certificate
online at <http://www.nvsos.gov/>