

F190000000255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JAN 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations
SOUND DESIGN, 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:
JACKIE MARASCO

Name of Person
SOUND DESIGN, INC.

Firm/Company
10104 S. MANDEL ST.

Address
PLAINFIELD, IL 60585

City/State and Zip code
JMARASCO@SOUNDDESIGNINC.COM

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

For further information concerning this matter, please call:

JACKIE MARASCO 630 548-7000

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2018

JACKIE MARASCO
10104 S MANDEL ST
PLANFIELD, IL 60585

SUBJECT: SOUND DESIGN, INC
Ref. Number: W18000104082

We have received your document for SOUND DESIGN, INC and your check(s) totaling \$87.50. 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. X

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application. ✓

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable. ✓

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 518A00024636

**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.

SOUND DESIGN, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

~~SDI Corp.~~

SD LVS CORP. *SDI CORP.*

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
ILLINOIS 36-3735357

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
FEB 4 1991

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
JAN 2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
10104 S. MANDEL ST. PLAINFIELD, IL 60585

7. _____
(Principal office address)

_____ (Current mailing address, if different)

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

JACQUELINE MARASCO

Name:

8112 STONE PATH WAY

Office Address:

TAMPA

33647

(City)

. Florida

(Zip code)

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TAMPA, FLORIDA

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.

Jacqueline Marasco

(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.

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

A. DIRECTORS

ALFONSO MARASCO

Chairman:

10104 S. MANDLE ST

Address:

PLAINFEILD, IL 60585

JACQUELINE MARASCO

Vice Chairman:

10104 S. MANDEL ST.

Address:

PLAINFEILD, IL 60585

VINCENT MARASCO

Director:

10104 S. MANDLE ST

Address:

PLAINFEILD, IL 60585

Director:

Address:

B. OFFICERS

ALFONSO MARASCO

President:

10104 s. MANDEL ST.

Address:

PLAINFIELD, IL 60585

Vice President:

Address:

JACQUELINE MARASCO

Secretary:

10104 S. MANDEL ST.

Address:

JACQUELINE MARASCO

Treasurer:

10104 S. MANDEL ST.

Address:

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

12.



Signature of Director or Officer

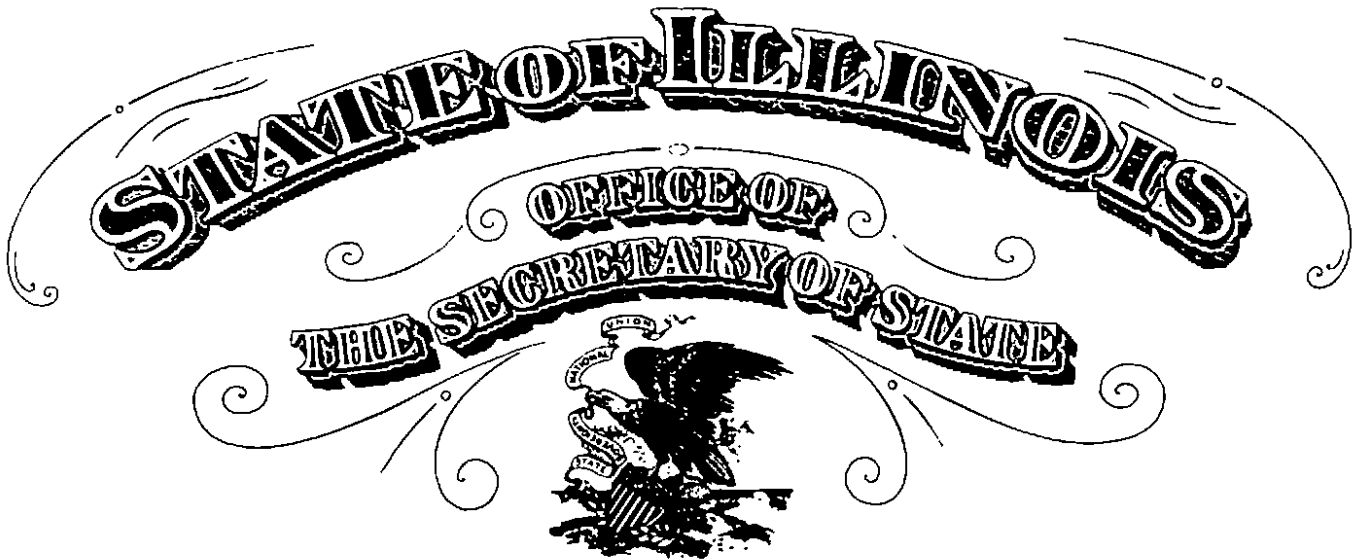
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JACQUELINE MARASCO SEC/ TREAS

13.

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

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19 JAN 15 PM 3:19
NOTARY OF STATE
AL MARASCO, FID 00000000



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOUND DESIGN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 04, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES. AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of JANUARY A.D. 2019 .***

Jesse White

SECRETARY OF STATE