# F1900000362

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #	)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name	)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to Filing Officer:					
		}			





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APPROVED AND FILED



#### **COVER LETTER**

_	on Section of Corporations		
SUBJECT: ROS	SENBERG INTERIOR DESIGNER SERV	ICE, INC.	
	Name of corporation -		
Dear Sir or Madar	n:		
"Certificate of Ex	plication by Foreign Corporation for A istence," or "Certificate of Good Stand foreign corporation to transact business	ing" and check are subm	
Please return all c	orrespondence concerning this matter t	o the following:	
NORMAN ROSEN	BERG		
	Name of Pe	erson	
ROSENBERG INT	ERIOR DESIGNER SERVICE, INC.		
	Firm/Comp	any	
56 SPRING HILL O	CIRCLE		
<del></del>	Addres	S	
WAYNE, NJ 07470	)		
	City/State and	I Zip code	
NORMAN@ROSE	INTECH.COM		
	E-mail address: (to be used fo	r iuture annuai report no	uncauon)
For further inform	nation concerning this matter, please ca	11:	
NORMAN ROSEN	BERG at (201	γ 848-8827	
Name of		Daytime Telepho	one 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 chec	ck 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.

I. ROSENBER	G INTERIOR DESIGNER SERVICE, INC.				
(Enter name o	of corporation; must include "INCORPORATE "Corp." "Inc." "Co." or "Corp.")	ED," "COMPANY," "CORPORATION,			
	•				
(If name unav	ailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting	business in Florida)		
2. NEW JERSE	<u>Y</u>	3 22-2682480	ousmoss in Florida)		
(State or cou	intry under the law of which it is incorporated)		(FEI number, if applicable)		
4. 11-21-1985		5. PERPETUAL			
(1)	ate of incorporation)	(Date of duration, if other th			
6.		(Suc O Guradon, 11 diner in	an perpetuar)		
<u> </u>	(Date first transacted busines	ss in Florida, if prior to registration)	<del></del>		
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability	)		
7. <u>56 SPRING HI</u>	LL CIRCLE, WAYNE, NJ 07470	_			
	(Prin	icipal office address)			
<del></del>					
	(Current mai	iling address, if different)	<del></del>		
8. Name and str	eet address of Florida registered agent: ()	P.O. Box NOT acceptable)	P 2019 JAN SECRET		
Name:	NORMAN ROSENBERG				
Office Address:	4348 WOODMANS CHART		FILE FARY ASSE		
	SARASOTA	, Florida <u>342</u> 35			
	(City)	(Zip code)	Cost <b>:</b>		
). Registered as	gent's acceptance:		26 NTE		
laving been nar	med as registered agent and to assume	vice of amazan. E at	.,		
esignated in thi	is application, I hereby accept the appoint comply with the provisions of all statutes	the of process for the above stated comment as revistered about and auras	orporation at the place		
Afther agree to a	comply with the provisions of all statutes familiar with and accept the obligations	relative to the proper and complete	o act in this capacity. The performance of my		
mes, and I am	familiar with and accept the obligations	of my position as registered agent.	y		
_	/ Cux /				
	(Projetere)	Lumpt's signature	<b>-</b>		

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction in the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: \_ Address: Director: \_\_\_\_ Address: B. OFFICERS President: Vice President: Address: \_\_\_\_\_ ecretary: \_\_\_ ddress: \_\_\_ easurer: dress: \_\_\_\_\_ TE: If necessity, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer officer or director signing this document and who is listed in number 11 above) affirms that the facts stated herein rue and that he or she is aware that false information submitted in a document to the Department of State constitutes rd degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

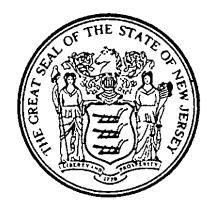
### ROSENBERG INTERIOR DESIGNER SERVICE, INC. 0100279458

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 21, 1985.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NORMAN ROSENBERG 56 Spring Hill Circle Wayne, NJ 07470-8440



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of January, 2019

Shep A Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6094054148

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp