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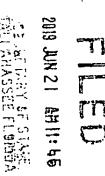
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### **COVER LETTER**

TO: Registration Section Division of Corporations					
LJ FLOORING & MULTI	SERVICES INC				
SUBJECT: Name	e of corporation -	must include suffix			
Dear Sir or Madam;					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Stand	ing" and check are submitt			
Please return all correspondence concer LEONARDO DE FREITAS	ning this matter to	o the following:			
	Name of Pe	erson		-	
LJ FLOORING & MULTI SERVICES INC	2				
· · · · · · · · · · · · · · · · · · ·	Firm/Comp	any			
5019 W W.T HARRIS BLVD - SUITE A					
	Address	<u> </u>			
CHARLOTTE, NC 28269					
	City/State and	I Zip code			
SALES@LJFLOORINGINC.COM		p •••••	<b>湿</b> :1	201	
E-mail addre	ess: (to be used fo	r future annual report notif	ication) 🔀	2019 JUN 2	7
For further information concerning this	matter, please cal	II:	本 対 対 が (8代	图 21	
CYNTHIA ACOSTA	704 at (	956-2616	ET Ger Frij∏ ET Ch		1
Name of Person	Area Code	Daytime Telephone	Number 3	9 4 5	¥
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations		
Enclosed is a check for the following ar	nount:				
□ \$70.00 Filing Fee □ \$78.75 Fili Certificate		\$78.75 Filing Fee & Gertified Copy	\$87.50 Filing Certificate of Certified Cor	f Status d	Ŀ

### 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.

"lnc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)
NORTH CARC	LINA		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/21/2015			
(Date	of incorporation) 5.	(Date of duration if other	than nemetual)
NONE	or mesipolation,	(Dute of dutation, it office	that perpetually
	(SEE SECTIONS 607.1501 & 607.150 RRIS BLVD - SUITE A, CHARLOTTE NC 28	•	ty)
	(Principa	office address)	<del></del>
	(Current mailing	g address, if different)	
Name and street	et address of Florida registered agent: (P.O LEONARDO DE FREITAS	. Box <u>NOT</u> acceptable)	20
Name:	LEONARDO DE FREITAS	<del></del>	<b>3</b>
ffice Address:	4100 N Powerline Road SUITE Q4		2019 JUN 2
nice Address.	Pompano Beach		
	(City)	(Zip code)	AH
Dogistared na	ent's acceptance:		
	ent's acceptance. ned as registered agent and to accept servic	e of process for the above state	\$.79 <b>60</b> 1
signated in this	application, I hereby accept the appointm	ent as registered agent and agr	ee to act in this capac
	omply with the provisions of all statutes re amiliar with and accept the obligations of		
nes, una i um j	amiliar with and accept the obligations of	my position as registerea agent	•
	_		
	Samula de	أمفأت	
_	Secondo de (Registered as	Ledici gent'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 Vice Chairman: Address: \_\_\_\_\_\_\_ Director: Address: \_\_\_ Director: \_ **B. OFFICERS** LEONARDO DE FREITAS 5019 W W.T HARRIS BLVD - SUITE A, CHARLOTTE NC 28269 Address: \_ JAMILY DE FREITAS Vice President: 5019 W W.T HARRIS BLVD - SUITE A, CHARLOTTE NC 28269 Address: Secretary: \_ Address: \_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. LEONARDO DE FREITAS (Typed or printed name and capacity of person signing application)



## NORTH CAROLINA Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### LI FLOORING & MULTI SERVICES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of January, 2015, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of June, 2019.

Elaine J. Marshall

Secretary of State