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(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates (of Status		
Special Instructions to Filing Officer:				





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FILED WAY

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COVER LETTER

TO:	CO: Registration Section Division of Corporations					
SUBJ	ECT: BROK DECOR INTERNATIONAL.					
~ C 1	Name of corpo	oration - must include suffix				
Dear S	Sir or Madam:					
"Certif		on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.				
Please	return all correspondence concerning this	matter to the following:				
MALC	FORZATA LUPA					
	Na	me of Person				
PRAG	ER METIS CPA'S LLC					
	Firm	n/Company				
401 Hz	ACKENSACK AVE. 4TH FLOOR.					
		Address				
HACK	ENSACK, NJ, 07601					
-	City/S	State and Zip code				
chejen	@backbone-international.com					
	E-mail address: (to be	used for future annual report notification)				
For fur	rther information concerning this matter, pl	lease call:				
MALC	Name of Person at () 201-342-7753 Area Code Daytime Telephone Number					
	Name of Person Are	a Code Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPART(0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	: ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,				

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.

L. BROK DECOR	INTERNATIONAL, INC.			
	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORAT	108."	
(If name unavail:	able in Florida, enter alternate corporate name :	adopted for the purpose of transc	acting business in Florida)	
2. DELAWARE	3.	3 81-2421008		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)	
(Date 6. 01/01/2020	of incorporation)	(Date of duration, if of	(Date of duration, if other than perpetual)	
68 JAY STREET	(Date first transacted business ir (SEE SECTIONS 607.1501 & 607.15 BROOKLYN NY 11201			
	(Principal offi	ce <u>street</u> address)		
401 HACKENS	ACK AVE, 4TH FLOOR , HACKENSACK, N	J 07601		
8 Name and stree	(Current mailin et address of Florida registered agent: (P.C	g address, if different) Roy NOT acceptable)	7020 JAN 27	
Name:	InCorp Services, Inc.		1 2 1	
Office Address:	17888 67TH COURT NORTH		ם כ	
	LOXAHATCHEE	Florida		
	(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.

Jennifer Shaw on behalf of InCorp Services, Inc.
(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.

A. DIRECTORS □ Chairman □ Chairman Name: _____ Name: ______ □ Vice Chairman Address: _____ □ Vice Chairman Address: ☐ Director □ Director WILLIAM RYAN DELBRIDGE ■ President □President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other _____ WILLIAM RYAN DELBRIDGE □ Chairman □ Chairman Name: _____ □Vice Chairman Address: _____ □Vice Chairman Address: ☐ Director □Director □ President □ President □ Vice President _____ ☐ Vice President ■ Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other ____ □Other _____ □ Chairman Name: _____ ☐Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: ____ Director □Director ☐ President ☐ President □Vice President _____ □Vice President ☐ Secretary ☐Treasurer □ Secretary □Treasurer □Other _____ ☐Other _____ ☐Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. William & Belleidy 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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BROK DECOR INTERNATIONAL, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROK DECOR INTERNATIONAL, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jacobs V. Badock, Secretary of State)

Authentication: 204169300