

**F20000000750**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

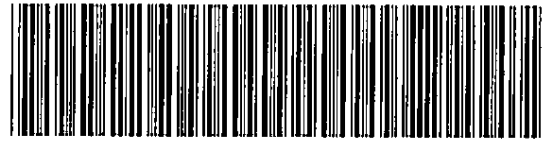
(Document Number)

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01/05/20--01030--003 \*\*78.75

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2020 FEB 11 P 5:13

FILED

FEB 11 2020  
T. LEMIEUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOUSE SWEET HOME INC.  
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:

SHARLENE ALEXANDER-BLEIER  
Name of Person

HOUSE SWEET HOME INC  
Firm/Company

89 ADAMS ST. EAST  
Address

EAST ISLIP, N.Y. 11730  
City/State and Zip code

SummerFAVIA@yahoo.com  
E-mail address: (to be used for future annual report notification)  
#1 Not 7

For further information concerning this matter, please call:

SHARLENE ALEXANDER at (231) 219-9164  
Name of Person                      BLEIER Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL. 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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

January 23, 2020

SHARLENE ALEXANDER-BLEIER  
89 ADAMS ST E  
EAST ISLIP, NY 11730

SUBJECT: HOUSE SWEET HOME INC.  
Ref. Number: W20000005788

We have received your document for HOUSE SWEET HOME 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 920A00001691

RECEIVED  
FEB 11 2020

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.

1. HOUSE SWEET HOME INC (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)

2. NEW YORK (State or country under the law of which it is incorporated) 3. 82-4654545 (FEI number, if applicable)

4. 2/7/2013 (Date of incorporation) 5. N/A (Date of duration, if other than perpetual)

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 89 ADAMS ST. E, EAST ISLIP, N.Y. 11730 (Principal office address)

SAME AS ABOVE (Current mailing address, if different)

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

Name: CHARMAINE PAUL

Office Address: 435 47TH ST. W

PALMETTO, Florida 34221 (City) (Zip code)

FILED 2020 FEB 11 P 5 13

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.

Charmaine Paul (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

BREIER

Chairman Name: SHARLENE ALEXANDER

Chairman Name: \_\_\_\_\_

Vice Chairman Address: 89 ADAMS ST. E.

Vice Chairman Address: \_\_\_\_\_

Director EAST ISLIP, NY 11730

Director \_\_\_\_\_

President \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Secretary  Treasurer

Other OWNER  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 \_\_\_\_\_

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.

12. Sharlene Alexander-Breier  
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. SHARLENE ALEXANDER-BREIER, PRESIDENT / OWNER  
(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of HOUSE SWEET HOME, INC. was filed on 02/07/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 11th day of December two  
thousand and nineteen.*

*Brendan C Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*