

F20000000804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

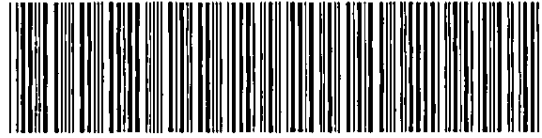
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SBF  
2/14/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISTINCTIVE WINDOW TREATMENTS 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:

NADIA COOBLAU  
Name of Person  
DISTINCTIVE WINDOW TREATMENTS INC  
Firm/Company  
160 DUPONT STREET  
Address  
PLAINVIEW NEW YORK 11803  
City/State and Zip code  
nadia@distinctivetreatments.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADIA COOBLAU at ( 516 ) 516-358-9612  
Name of Person 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

2020 FEB 14 PM 4:07

**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. DISTINCTIVE WINDOW TREATMENTS 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 3. 11-3604882  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/23/2001 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 160 DUPONT STREET PLAINVIEW NEW YORK 11803  
(Principal office street address)

(Current mailing address, if different)

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

Name: ROBERT LEAVY

Office Address: 12707 SHMS RD

JACKSONVILLE, Florida 32226  
(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.*

Robert Leavy  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: ERIC SURIS  
☐ Vice Chairman Address: 1 GINGERBREAD RD  
☐ Director KINGS PARK, NY 11754  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: FRANK BOLOGNINO  
☒ Vice Chairman Address: 16 GREENBRUSH CT  
☐ Director GREENLAWN, NY 11740  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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. \_\_\_\_\_  
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. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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

I hereby certify, that the Certificate of Incorporation of **DISTINCTIVE WINDOW TREATMENTS, INC.** was filed on 05/23/2001, 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 a subsisting corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of February  
two thousand and twenty.*



*Secretary of State*

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2020 FEB 14 PM 4:07

*Distinctive Window Treatments, Inc.*

*160 Dupont Street*

*Plainview, NY 11803*

*Tel: 516-358-9612*

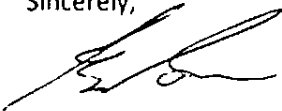
*Fax: 516-358-9610*

February 12, 2020

To whom it may concern:

This letter is to verify that Distinctive Window Treatments, Inc. has dissolved its LLC status with the State of Florida because it was filed incorrectly. We are in the process of filing as a foreign corporation with State of Florida. Please find enclosed registration forms.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Suris', written over a horizontal line.

Eric Suris President

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## FILING RECEIPT

=====

ENTITY NAME: DISTINCTIVE WINDOW TREATMENTS, INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS)

COUNTY: NASS

SERVICE COMPANY: RELYEA SERVICES, INC.

SERVICE CODE: 75 \*

=====

FILED:05/23/2001 DURATION:PERPETUAL CASH#:010523000080 FILM #:010523000079

ADDRESS FOR PROCESS

EXIST DATE

-----  
THE CORPORATION  
50 NASSAU TERMINAL ROAD  
NEW HYDE PARK, NY 11040-----  
05/23/2001REGISTERED AGENT  
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STOCK:

200 NPV



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FILER	FEES		PAYMENTS	
-----	-----	160.00	-----	160.00
RELYEA SERVICES LLC	FILING	125.00	CASH	0.00
P.O. BOX 5167	TAX	10.00	CHECK	0.00
	CERT	0.00	CHARGE	0.00
	COPIES	0.00	DRAWDOWN	160.00
ALBANY, NY 12205-0167	HANDLING	25.00	BILLED	0.00
			REFUND	0.00
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2.14.20

2.14.20

I dissolved the £19000(31881  
AND do not intend to Revoke :  
ON. 2.12.20. Dissolution

Robert Levy  
Robert LEAVY

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