

F20000000804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

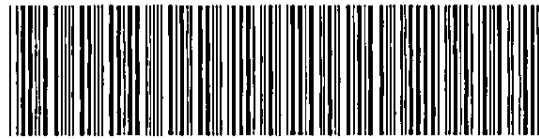
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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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 COUBLAU
Name of Person

DISTINCTIVE WINDOW TREATMENTS INC
Firm/Company

160 DUPONT STREET
Address

PLAINVIEU NEW YORK 11803
City/State and Zip code

nadia@distinctivetreatments.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

NADIA COUBLAU 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

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 SUPONT 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)

2020 FEB 14 PM 4:07

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: _____
 Vice Chairman Address: _____
 Director _____
 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 _____

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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. _____
ERIC SURIS PRESIDENT
(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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Distinctive Window Treatments, Inc.

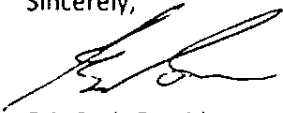
*160 Dupont Street
Plainview, NY 11803
Tel: 516-358-9612
Fax: 516-358-9610*

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,



Eric Suris President

2020 FEB 14 PM 4:07

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

05/23/2001

REGISTERED AGENT

STOCK: 200 NPV



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FILER	FEES		PAYMENTS	
		160.00		160.00
	FILING	125.00	CASH	0.00
	TAX	10.00	CHECK	0.00
	CERT	0.00	CHARGE	0.00
	COPIES	0.00	DRAWDOWN	160.00
	HANDLING	25.00	BILLED	0.00
			REFUND	0.00

Handwritten text, possibly a name or address, mostly illegible.

2-14-20

I dissolved the L19000(31881
AND do not intend to Revoke:
ON. 2-12-20. Dissolution

~~Robert Leavy~~
ROBERT LEAVY

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