(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

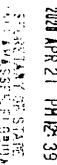
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APR 22 2020 M. SOLOMON

## **COVER LETTER**

то:	-	tration Section ion of Corpor						
SUBJ	ECT:	SHADES UN	LIMITED, INC					
			Name o	of corporation	on - mu:	st include suffix		
Dear S	ir or M	adam:						
"Certif	icate o	l'Existence," d	by Foreign Co or "Certificate rporation to tr	of Good St	anding"	orization to Transa and check are sul- lorida.	et Busines omitted to	ss in Florida." register the
Please	return :	all correspond	ence concerni	ng this matt	er to the	: following:		
CHRIS	TINE Z	ZABANEH						
				Name o	f Persor	1		
SHADI	ES UNI	IMITED, INC	DBA REDISH	ADE, INC				
				Firm/Co	mpany			
5923 K	INGST	ON PIKE # 15	l					
	• •			Add	lress			
KNOX	VILLE,	TN 37919						
				City/State	and Zip	code		
CHRIS	TINE@	REDISHADE.						
		ŀ	E-mail address:	(to be used	l for futi	ire annual report i	notification	1)
For fun	ther inf	ormation con	cerning this ma	itter, please	call:			
CHRIS	TINE Z	ABANEH		707 at (	69	5-4043		
	Name	of Person		Area Co	de /	Daytime Telep	hone Num	ber
	Regist Divisi The C 2415 B	ration Section on of Corpora entre of Talla	tions hassee reet, Suite 810	: :		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporation 7	
	iake ch	eck payable to:	ollowing amor FLORIDA DE \$78.75 Filing Certificate of	PARTMEN Fee &	□ <b>\$</b> 78.	TATE 75 Filing Fee & ified Copy	Cer	.50 Filing Fee, tificate of Status & tified 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.

REDI SHADE.	. INC lable in Florida, enter alternate corporate name a	dusted the sharp manage of managed in his	ain and in Plantial	
CALIDADAGA				
2. (State or count	ry under the law of which it is incorporated)	68-0252084 (FEI number, if applied	. L.	
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6. 02/20/2014				
_ 1808 N CHERR	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) Y STREET KNOXVILLE, TN 37917			
7	Y STREET KNOXVILLE, TN 37917 (Principal office)	e <u>street</u> address)		
5923 KINGSTO	N PIKE # 151 KNOXVILLE, TN 37919			
	(Current mailing	address, if different)	202 <b>1</b>	
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. HELEN SHELTON	Box <u>NOT</u> acceptable)	APR 2	
Office Address:	3763 70TH WAY N		PH 12: 39	
villee / Willes	SAINT PETERSBURG	, Florida	\(\frac{1}{2}\) \(\frac{1}{2}\)	
	(City)	(Zip code)		
	ent's acceptance:	e of process for the above stated cor	poration at the pla	e.

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	Name:	□Chairman	Name: DAVID MILITELLO			
	Address:	□ Vice Chairman	1808 N CHERRY STREET			
□Director	KNOXVILLE, TN 37917	Director	KNOXVII.LE, TN 37917			
□President		President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□ Treasurer			
□Other	Other	■Other CEO	Other			
□Chairman	Name:	□Chairman	Name: ROBERT NOLAN			
□Vice Chairman	Address:	□Vice Chairman				
■Director	KNOXVILLE, TN 37917	Director	KNOXVILLE, TN 37917			
□President		□President	8 C S			
□Vice President		□Vice President	PR 21			
□Secretary	□'Treasurer	☐ Secretary	□Treasurer ♀ 🗝			
□Other	Other	□Other	□ Other □ 33 □ 39 □ 39			
∃Chairman	STERLING JAKEL	□Chairman	Name:			
□Vice Chairman	Address: 1808 N CHERRY STREET	□Vice Chairman	Address:			
■Director	KNOXVILLE, TN 37917	□Director	KNOXVILLE, TN 37917			
□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 fixed 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.



## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SHADES UNLIMITED, INC.

FILE NUMBER:

C1689381

FORMATION DATE:

06/13/1991

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 25, 2020.

ALEX PADILLA
Secretary of State



April 3, 2020

CHRISTINE ZABANEH REDI SHADE, INC 5923 KINGSTON PIKE #151 KNOXVILLE, TN 37919

SUBJECT: REDI SHADE, INC Ref. Number: W20000034763

We have received your document for REDI SHADE, INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$900.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 120A00007245

RECEIVED

APR 2 1 2020