

10/13/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : I20150000034
Phone : (239)344-7417
Fax Number : (888)344-7262

White
10/15/20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: leandroscuzall@hotmail.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CONTINENTAL TILE SOLUTIONS, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F20000003323

(Document number of corporation (if known))

1. CONTINENTAL TILE SOLUTIONS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. CALIFORNIA

3. 07/30/2020

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:


I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V	ALEXANDRA TOBIAS	1450 KINGSWOOD DR #397	<input type="checkbox"/> Add
		ROSEVILLE, CA 95678	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

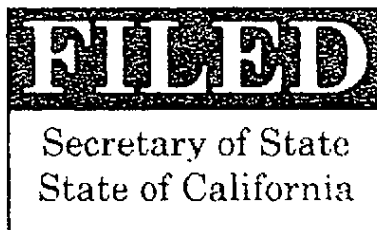
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
LEANDRO SOUZA PRESIDENT
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00



California Secretary of State Electronic Filing



Corporation - Statement of Information

Entity Name: CONTINENTAL TILE SOLUTIONS,
INC.

Entity (File) Number: C4122955

File Date: 09/30/2020

Entity Type: Corporation

Jurisdiction: CALIFORNIA

Document ID: GJ89501

Detailed Filing Information

1. Entity Name: CONTINENTAL TILE SOLUTIONS, INC.

2. Business Addresses:

a. Street Address of Principal
Office in California:

b. Mailing Address: 4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

c. Street Address of Principal
Executive Office:

4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

3. Officers:

a. Chief Executive Officer:

Leandro Lopes de Souza
4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

b. Secretary:

Leandro Lopes de Souza
4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

Document ID: GJ89501



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Officers (cont'd):

c. Chief Financial Officer:

Leandro Lopes de Souza
4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

4. Director:

Leandro Lopes de Souza
4342 Bellaria Way
Fort Myers, Florida 33916
United States of America

Number of Vacancies on the Board of
Directors:

0

5. Agent for Service of Process:

INCORP SERVICES, INC. (C2294569)

6. Type of Business:

floors contractor

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Leandro Lopes de Souza

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GJ89501