F21000000058

(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:			
112100000985 1114			
Office Use Only			



3003586740

01/25/21--01037--030

COVER LETTER

TO: Registration Section Division of Corporation	าร		
SUBJECT: Tony's Tile & Floo	oring Inc.		
SUBJECT:	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by I "Certificate of Existence," or " above referenced foreign corpo	Cerimoale of Good Stanar	IIE uno ottoon	usiness in Florida, ed to register the
Please return all correspondence	ce concerning this matter to	the following:	
Dan Gianuzzi			
	Name of Po	erson	
Tax Express, LLC			
	Firm/Comp	any	
826 3rd Street S.			
	Addres	ss	
Nampa, Idaho 83651			
	City/State an	d Zip code	
dang@taxexpressidaho.com		The second notice of the secon	Gastian
E-r	mail address: (to be used fo	or future annual report nou	neadon)
For further information conce	rning this matter, please ca	all:	
Dan Gianuzzi	208	546-0491	
Name of Person	at (208 Area Code	Daytime Telephor	ne 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 for Please make check payable to: F ☐ \$70.00 Filing Fee	FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing I Certificate of ! Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAN BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tony's Tile & I	-	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo
_ Idaho	3	81-2365097
41132 2010	ry under the law of which it is incorporated)	81-2365097 (FEI number, if applicable)
(Date	e of incorporation)	(Date of duration, if other than perpetual)
••	treet Coco, Florida 32922	502. F.S., to determine penalty liability) ce <u>street</u> address)
		g address, if different)
8. Name and streen Name:	et address of Florida registered agent: (P.C.). Box <u>NOT</u> acceptable)
Office Address:	1601 Chapman Street	
	Сосо	Florida 32922
	(City)	(Zip code)
uesignaiea in inis further agree to co	ed as registered agent and to accept service application. I hereby accept the appointment	
	(Registered agent's sig	nature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appute Department of State, by the Secretary of State or other official having custody of corporate records in the junder 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 Antonio Amaro Angelica Belcastro Chairman Name: □Chairman 1620-Chapman St 1620 Chapman S ▼Vice Chairman □ Vice Chairman Address Address: ¿Cóco, Florida 32922 Coco, Florida 32922 □Director Director 🔀 President President □ Vice President 💢 Vice President □ Secretary □Treasurer □ Secretary □ Treasure Other_ Ther ______ □Other ☐ Chairman □Chairman Name: ____ □ Vice Chairman Address: Address: ☐ Vice Chairman □ Director .. Director ☐ President President ☐ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasure □Other ____ □Other □Chairman Name; □Chairman Name: □Vice Chairman Address; □ Vice Chairman Address: □ Director □ Director □President □ President □Vice President □Vice President □Secretary ☐Treasurer □ Secretary ☐ Treasure **□**Other _____ □Other ____ □Other Important Notice: Use anyottachment to report more than six (6). The attachment will be imaged for reporting purposes only. individuals may be added to the index when filing your Florida Department of State Annual Report form

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 tre 22 is aware that false information submitted in a document to the Department of State constitutes a third degree felony as pro-4 517 155, F.S.

Dan Gianuzzi, Tax Accountant



STATE OF IC

Lawerence Denney | Secreta Busin€ 450 North PO E Boise

Formation Locale: IDAHO

February 8, 2021

Request #:

Request Type: Certificate of Existence/Filing

Issuance Date: 02/08/2021 Copies Requested: 0004168470

Receipt #: 000444161

Regarding: TONY'S TILE & FLOORING INC

File #: 635080 Filing Type: General Business Corporation (D)

Formation/Qualification Date: 04/23/2018 Status: Active-Good Standing

Duration Term: Perpetual Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that eff of the issuance date noted above

TONY'S TILE & FLOORING INC

is a Corporation duly incorporated under the law of this State with a date of incorporation duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division Verification #

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov



January 31, 2021

DAN GIANUZZUI 826 3RD ST S NAMPA, ID 83651 US

SUBJECT: TONY; S TITLE & FLOORING INC.

Ref. Number: W21000009985

We have received your document for TONY; S TITLE & FLOORING INC. and your check(s) totaling \$87.50. However, the enclosed document has not beer filed and is being returned for the following correction(s):

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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company. This critical is a conp

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 cal (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

> RECEIVED FEB 1 2 2021

Letter Number: 621A00002183