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COVER LETTER

TO:		tration Section on of Corporations			
SUBJI	ECT:	COMMERCIAL DESIGN & D	ECORATORS	CO.	
3000		Name of corporation - must include suffix			
Dear Si	ir or M	adam:			
"Certifi	icate of	"Application by Foreign Corp Existence." or "Certificate of ced foreign corporation to train	f Good Standi	ng" and check are submit	
Please	return a	all correspondence concerning	g this matter to	the following:	
STEPH	EN F. F	BRIGHT, ESQUIRE			
			Name of Pe	rson	
COMM	IERCIA	L DESIGN & DECORATORS	CO.		
	•		Firm/Compa	iny	
4800 E.	. STREI	ET ROAD			
			Address		
TREVO	OSE, PA	19053			
			City/State and	Zip code	
jmoscu	fo@asio	entral.com			
		E-mail address: ((to be used for	future annual report notif	ication)
For fur	ther inf	ormation concerning this mat	ter, please cal	l:	
JAMIE MOSCUFO, EXEC. ASST. 215		215	953-3518		
	Name	e of Person	Area Code	Daytime Telephon	e Number
	Regist Divisi The C 2415	CET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 2	on orations
	nake ch	check for the following amou eck payable to: FLORIDA DEP ng Fee	PARTMENT O Fee & □ ¶		■ \$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.

•	L DESIGN & DECORATORS CO.			
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
DELAWARE		51-0638657		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
SEPTEMBER :	27, 1972			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
September 1, 20	021	(and the second of the second		
4800 E. STREET	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 ROAD, TREVOSE, PA 19053	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	(Principal off	ice street address)		
4800 E. STREET	ROAD, TREVOSE, PA 19053	,		
	(Current maili	ng address, if different)		
		, i		
Name and stree	t address of Florida registered agent: (P.C	O. Box NOT acceptable)		
Name:	NRAI SERVICES, INC.			
Tice Address:	1200 SOUTH PINE ISLAND ROAD	"र्द्		
	PLANTATION	Florida		
	(City)	(Zip code)		
iving been name signated in this Ther agree to co	omply with the provisions of all statutes rewith and advept the obligations of my po	ce of process for the above stated corporation at the planen as registered agent and agree to act in this capaci elative to the proper and complete performance of my sition as registered agent.		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic 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	Norman Cohn Name:	□ Chairman	Name:	nne Cohn
□Vice Chairman	Address: 6897 Grenadier Blvd, Unit 1901	□Vice Chairman	Address:	97 Grenadier Blvd, Un
Director	Naples, FL 34108	■Director	Naples, FL	34108
■ President		□President		
□Vice President		■ Vice President		
□Secretary	■ Treasurer	■ Secretary		□Treasurer
□Other		□Other		□Other
□ Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director	· -	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□ Chairman	Name:	\$8.00
□Vice Chairman	Address:	□Vice Chairman	Address:	# <u> </u> 200
□Director		□Director		ii
□President		□President		<u> </u>
□Vice President		□Vice President		<u> </u>
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The a cadded to the index when fifting your Florida Depart	tment of State Annual Re	eport form.	purposes only. Non-ind

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155, F.S.

, NORMAN COHN, PRESIDENT

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMMERCIAL DESIGN & DECORATORS CO." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMERCIAL DESIGN & DECORATORS CO." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 1972.



Authentication: 2040658

Date: 09-02-1