

H220000041093

Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
DESIGN CONCEPTS HOME IMPROVEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

S. FRANKLIN

JAN 07 2022

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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. DESIGN CONCEPTS HOME IMPROVEMENT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Conceptual Designs Home Improvement, Inc.

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

2. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05/30/2018

(Date of incorporation)

5.

(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. 102 Piedmont C, Delray Beach, FL 33484

(Principal office street address)

21 Seventh Street, Valley Stream, NY 11581

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joseph Tudda

Office Address: 102 Piedmont C

Delray Beach, Florida 33484 (City) (Zip code)

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.

Joseph Tudda (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]:

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A. DIRECTORS

Chairman Name: Alejandro Giubergia

Vice Chairman Address: 21 Seventh Street
Valley Stream, NY 11581

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Adriana Giubergia

Vice Chairman Address: 21 Seventh Street
Valley Stream, NY 11581

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 _____

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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 TREASURER
 OTHER

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-index 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 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.

13. Alejandro Giubergia, President
 (Typed or printed name and capacity of person signing application)

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: DESIGN CONCEPTS HOME IMPROVEMENT, INC.
 DOS ID Number: 5349790
 Entity Type: DOMESTIC BUSINESS CORPORATION
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 05/30/2018
 Statement Status: CURRENT
 Statement Due Date: 05/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
 Date of Filing: 05/30/2018
 Entity Name: DESIGN CONCEPTS HOME IMPROVEMENT, INC.

Document Type: BIENNIAL STATEMENT
 Date of Filing: 12/21/2021

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Above space is left blank intentionally.

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

WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 21, 2021 at 10:10 A.M.

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TELETYPE UNIT

ROBERT J. RODRIGUEZ, Acting Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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