F22000000344

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S. HAWKES

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : I2000000195							
	REFERENCE : 378987 4327848							
	AUTHORIZATION: Signel Reman							
	COST LIMIT : \$ 70.00	_						
ORDER DATE :	January 14, 2022							
ORDER TIME :	2:48 PM							
ORDER NO. :	378987-005							
CUSTOMER NO:	4327848							
FOREIGN FILINGS								
NAME:	VISTA VIEW WINDOWS & DOORS, INC.							

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.

/INDOWS & DOORS, INC. prior triangle "INCORPORATED, prior " "Inc." "Co." or "Corn.")	" "COMPANY," "CORPORATION,"				
ηρ, me, eo, or eo.p. y					
ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)			
3	87-1087826				
y under the law of which it is incorporated)	(FEI number, if applicable)				
of incorporation)	(Date of duration, if other than perpetual)				
2022					
(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)				
OGE DR., STE 100, CORAL SPRINGS FL. 3	3065				
/E	·				
(Current mailir	ng address, if different)				
t address of Florida registered agent: (P.C	D. Box NOT acceptable)				
Corporation Service Company		* 1			
1201 Havs St					
<u> </u>		 ,			
Tallahassee	, Florida 32301	ت د خصیت 11 محمو			
(City)	(Zip code)	4- v			
ent's acceptance:					
application, I hereby accept the appoints omply with the provisions of all statutes s	nent as registered agent and agree to c relative to the proper and complete per	ict i <u>ii this</u> cap <u>ae</u> ity. T			
	corp.," "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name y under the law of which it is incorporated) for incorporation) 2022 (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	ble in Florida, enter alternate corporate name adopted for the purpose of transacting busing a structure of the law of which it is incorporated) y under the law of which it is incorporated) (FEI number, if applicable of incorporation) (Date of duration, if other than present the present that the present the present that the			

^{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]:

Director 4270 CORAL RIDGE DR, STE 100 Director	A. DIRECTORS				
Director 4270 CORAL RIDGE DR., STE 100 Director	□ Chairman	Name: LEON SILVERSTEIN	□ Chairman	Name:	
Director Director	□Vice Chairman	Address:	☐ Vice Chairman	Address:	
President	Director	4270 CORAL RIDGE DR., STE 100	Director .		
Chairman Name: MANUEL VALLADARES Chairman Name: Other Other	President	CORAL SPRINGS, FL 33065	□President		
Other	□Vice President		□Vice President		
Chairman Name: MANUEL VALLADARES Chairman Name:	☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Okharman Name: Okha	Other	Other	□Other		Other
Director A270 CORAL RIDGE DR., STE 100 Director	□ Chairman	Name:	Chairman	Name:	
Director CORAL SPRINGS, FL 33065 President	☐ Vice Chairman		□Vice Chairman	Address:	
DPresident	□Director	4270 CORAL RIDGE DR., STE 100	□ Director		
Chairman Nance: Chairman Nance: Ch	□President	CORAL SPRINGS, FL 33065	□President	<u></u>	
Other	Vice President		□Vice President		
Chairman Nanie:	□Secretary	☐ Treasurer	☐Secretary		Treasurer
Chairman Name: Chairman Chairman Name: Chairman Chairma	Other	Other	Other		□Other
Director Director Director Director	□Chairman	Name:	□ Chairman	Name:	
Director CORAL SPRINGS, FL 33065 President Vice President Secretary Treasurer Other Other Other Other Important Natice Use an attachment preport more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals has besided 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 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. MICHELE GILBERT, TREASURER	□Vice Chairman	Address:	□ Vice Chairman	Address:	
President President	□Director	4270 CORAL RIDGE DR., STE 100	Director		
Dither	□President	CORAL SPRINGS, FL 33065	□President		
Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals have be sided to the instruction 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 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. MICHELE GILBERT, TREASURER	□Vice President		□ Vice President		
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 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 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. MICHELE GILBERT, TREASURER	Secretary	Treasurer	□ Secretary		Treasurer
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. MICHELE GILBERT, TREASURER	□Other		[]Other	<u></u>	□Other
s.817.155, F.S. MICHELE GILBERT, TREASURER	The officer or direc	Signature of Director signing this document (and who is listed in a	ector or Officer	at the facts stat	led herein are true and that he or
14.	s.817.155, F.S.				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VISTA VIEW WINDOWS & DOORS, INC." 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 TWELFTH DAY OF JANUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISTA VIEW WINDOWS & DOORS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202378040

Date: 01-12-22

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