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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Walk-In	Will Pick Up			Courier

COVER LETTER

	tration Section				
SUBJECT:	Tiger Window	Fashions Corporation			
SUBJECT.		Name of corporation	ղ - mu	st include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	by Foreign Corporation foor "Certificate of Good Sta orporation to transact busin	nding"	' and check are submit	
Please return	all correspond	ence concerning this matte	er to th	e following:	
Thomas W. Ti	emey, Esq.				
		Name o	f Perso	n	
Rossway Swar	Tiemey Barry	& Oliver, P.L.			
		Firm/Co	mpany	••••	· · · · · · · · · · · · · · · · · · ·
2101 Indian R	iver Blvd., Suite	200			
		Add	rcss		
Vero Beach, F	L 32960				
		City/State	and Zi	p code	
tticmey@rossv	wayswan.com				
		E-mail address: (to be used	for fu	ture annual report noti	fication)
For further in	formation con	cerning this matter, please	call:		
Thomas W. Ti	erney	at (⁷⁷²) 2:	31-4440	
Nam	e of Person	Area Co	de -	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		
	eck payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78		\$87.50 Filing Fee, Certificate of Status &

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.

Tiger Window	Fashions Corporation			
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•	
•	Fashions Corporation of Florida			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2. Delaware	3.	3. 82-340097·1		
	ry under the law of which it is incorporated)	(FEI number, if appli	icable)	
May 11, 2016	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.	July 15+ 2022 (Date first transacted business in			
·	(Date first transacted business in	i Florida, if prior to registration) 302, F.S., to determine penalty liability))	
100 West Mai	n Street, Suite 327, Babylon, NY 11702	, , , , , , , , , , , , , , , , , , ,		
7 100 N CSC (VIAL		ce street address)		
	·			
	(Current mailin	g address, if different)	202	
8 Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	2 JUI:	
o, r-dille wile dite.	Rossway Swan Tierney Barry & Oliver, P.L.		1	
Name:			·	
Office Address:	Thomas W. Tierney, 2101 Indian River Blv	d., Sute ,200	PM.	
	Vero Beach	. Florida		
	(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.

(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.

A. DIRECTORS					
□Chairman	Michael Holtander	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Suite 327	Director			
₽ President	Babylon, NY 11702	□President			
□ Vice President		CI Vice President			
Secretary	☐ Treasurer	Secretary	□Treasurer		
□Other	□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	None	Data	N.		
	Name:	□Chairman	Name:		
□ Vice Chairman □ Director	Address:	Director	Address:		
□ President					
□ Vice President		☐ President			
☐ Secretary	☐'Treasurer	☐ Secretary			
•		•	_		
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 filips your Florida Department of State Annual Report form.					
12. Signature of Director or Officer					
she is aware that falls.817.155, F.S.	stor signing this document (and who is listed in number lise information submitted in a document to the Department, President	11 above) affirms th			

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TIGER WINDOW FASHIONS CORPORATION" 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 FIFTH DAY OF JULY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIGER WINDOW FASHIONS CORPORATION" WAS INCORPORATED ON THE ELEVENTH DAY OF MAY, A.D. 2016.

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

Authentication: 203836710

Date: 07-05-22