# F22000000004

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100393953131

09.418.422--01031--026 \*\*67.50

19 PJ; 7: 03

S. FRANKLIN SFP 2 6 2022

### **COVER LETTER**

TO:	Registration Section					
	Division of Corporations					
~ • • • • •	Fresh Design Home li	mprovement Inc				
SUBJ	ECT:	Name of corporati	on - mus	st include suffix		
		•				
Dear S	Sir or Madam:					
"Certi	nclosed "Application by For- ficate of Existence," or "Cer referenced foreign corporati	tificate of Good St	anding``	and check are submi	Business in Fl tted to registe	orida," r the
	return all correspondence c Fidelis Rodrigues	oncerning this mat	er to the	e following:		2022 19 PH 7: 14
		Name o	of Person	n	<u> </u>	
Fresh I	Design Home Improvement Inc					-
		Firm/Co	· · · · · · · · · · · · · · · · · · ·			
800 Da	ırwin Rd	rimice	mpany			<u> </u>
						<del></del>
	ET 21202	Ado	dress			#
Venice	, FL 34293					
		City/State	and Zip	code	·	
fidelis,	_usa@hotmail.com					
	E-mail	address: (to be use	d for fut	ure annual report not	ification)	
For fu	rther information concerning	this matter, please	e call:			
Rafael	Fidelis Rodrigues	561 at (	71	5-4411		
	Name of Person	Area Co	, ode	Daytime Telephor	ne Number	<del></del>
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
Please	sed is a check for the follow make check payable to: FLOR 0.00 Filing Fee	ing amount: IDA DEPARTME! 75 Filing Fee & ificate of Status	☐ \$78.	TATE 75 Filing Fee & tified Copy	\$87.50 Fil Certificat Certified	e 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.

(If name unavailable North Carolina 2. (State or country un	" "lnc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"  ne adopted for the purpose of transacting by  46-2404564	usiness in Florida)
North Carolina  2. (State or country un		46-2404564	usiness in Florida)
(State or country un	der the law of which it is incorporated)	46-2404564 3	
4/0/2013	der the law of which it is incorporated)	<b>1</b>	
ł		5(Date of duration, if other than	
(Date of i	ncorporation)	(Date of duration, if other than	perpetual)
j	(Data first transacted business	s in Florida, if prior to registration)	
800 Darwin Rd, Venic	(SEE SECTIONS 607.1501 & 607 re FL 34293	1.1502, F.S., to determine penalty liability)	
· <del></del>	(Principal of	office street address)	
	(rincipal c		2012
	(Current ma	iling address, if different)	J
			19
. Name and street ac	Idress of Florida registered agent: (F	P.O. Box NOT acceptable)	P
	afael Fidelis Rodrigues		PH 7: 14
_	00 Darwin Rd	<del></del>	
Office Address:		<del></del>	4*
V	enice	34293 Florida	
_	(City)	, Florida (Zip code)	
lesignated in this app urther agree to comp	as registered agent and to accept sen plication, I hereby accept the appoin	rvice of process for the above stated continent as registered agent and agree to s relative to the proper and complete poposition as registered agent.	o act in this capacity.
	ada Lally	Λ	
	(Registered agent'	s signature)	_
10. Attached is a cert	ificate of existence duly authenticate	ed, not more than 90 days prior to delive r official having custody of corporate re	ery of this application

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS	Rafael Fidelis Rodrigues						
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>			
□Director		□Director					
<b>■</b> President		□President					
□Vice President		☐ 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		□Treasure P			
□Other	□Other	□Other		□Other			
				19			
□Chairman	Name:	□Chairman	Name:	PH .			
□Vice Chairman	Address:	□Vice Chairman	Address:	1.1			
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
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.  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 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.



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### FRESH DESIGN HOME IMPROVEMENT INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of April, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has not been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

2022 S. 19 PH 1: 14





Scan to verify online.

my hand and affixed my official scal at the City of Raleigh, this 15th day of September, 2022.

6 laine I Marshall

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

Certification# 114275333-1 Reference# 19030982- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification