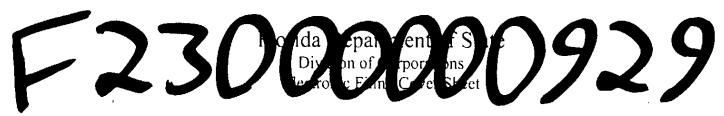
TO:18506176383 FROM:4073703120 Page: 02/13/2023 06:23 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: assistant.toni@larsonacc.com

FOREIGN PROFIT/NONPROFIT CORPORATION DM CONSTRUCTION CUSTOM DESIGN, CORP.

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S. ROBERTS

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(((H23000050706 3)))

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.

	TRUCTION CUSTOM DESIGN, CORP		_
"Inc.," "Co.," "C	corporation: must include "INCORPORATE Corp." "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavai		me adopted for the purpose of transacting business in Florida)
2. MASSACHUS	ETTS ry under the law of which it is incorporated)	3. (FEI number, if applicable)	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	_
4. 04-16-2022		5	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	_
6			
<u> </u>	(Date first transacted busines (SEE SECTIONS 607.1501 & 607.	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	_
7. 12049 Pioneers V	Vay, Unit 2103, Orlando FL 32832		
	(Principal o	office street address)	
			21
	(Current ma	iling address, if different)	2023 FED 11.
			eid Li
8. Name and stre	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	
. Name:	DIEGO OLIVEIRA MIRANDA	·	=
Office Address:	12049 Pioneers Way, Unit 2103		1 8: 40
	Orlando	. Florida 32832 (Zip code)	10
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoin	rvice of process for the above stated corporation at the ntment as registered agent and agree to act in this cap is relative to the proper and complete performance of n position as registered agent.	acity. I
_	Po 4)2_h	
_	(Registered agent's	s signature)	
1Ω Assochadics	and Grant of an internal data was to all a	1	

^{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.

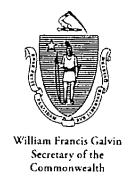
^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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(((H23000050706 3)))

A. DIRECTORS						
□ Chairman	Name:	□ Chai n nan	Name:			
□Vice Chairman	Address: 12049 Pioneers Way, Unit 2103	□Vice Chairman	Address:			
□ Director	Orlando FL 32832	Director				
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			
	Name:	□ Chairman	Name:			
☐ Vice Chairman	Address:	□ Vice Chairman	Address:			
□ Director		☐ Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	□ Secretary	☐ Treasurer			
□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.						
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.						
13. DIEGO OLIVEIRA MIRANDA						
(Typed or printed name and capacity of person signing application)						

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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

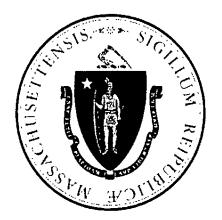
Date: February 07, 2023

To Whom It May Concern:

I hereby certify that according to the records of this office,

DM CONSTRUCTION CUSTOM DESIGN, CORP.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

navino Galecin

Certificate Number: 23020140130

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

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