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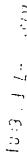
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S. FRANKLIN FEB 1 6 2023

COVER LETTER

TO:	Registration Section Division of Corporations			
SLIRI	ECT: Dantile Remodeling Inc			
2000	Name o	f corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Cor icate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Star	iding" and check are submitted to	
Please	return all correspondence concernir	ng this matter	to the following:	
Carolir	na de Brito Candido Francisco			
		Name of	Person	7
		Firm/Con	npany	1
10900	BUSTLETON AVE, APT B76, BUILT	DING 7.		_1
		Addr	ess	
PHILA	DELPHIA, PA 19116			
		City/State a	nd Zip code	
machae	lokarine@yahoo.com			
	E-mail address;	(to be used:	for future annual report notificati	on)
For fur	ther information concerning this ma	itter, please o	call:	
Name of Person at (239) 400-0308 Area Code Daytime Telephone Number				
	Name of Person	Area Cod	e Daytime Telephone Nu	mber
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	SS: ons
Please t	ed is a check for the following amore make check payable to: FLORIDA DE .00 Filing Fee	PARTMENT Fee & E	S78.75 Filing Fee & S8 Certified Copy C	87.50 Filing Fee, ertificate of Status & ertified Copy

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.

Dantile Remodeling Inc 1.				
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION."	
	(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	iness in Florida)
2.	PENNSYLVAN	SIA 3	88-3633535	
4.	(State or countr 08/09/2022	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
	(Date	of incorporation)	(Date of duration, if other than p	erpetual)
6.				_
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
7.	10900 BUSTLET	ON AVE, APT B76, BUILDING 7, PHILADE	LPHIA, PA 19116	
_		(Principal offic	e <u>street</u> address)	7
		(Current mailing	address, if different)	
8.	Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	Name:	Carolina de Brito Candido Francisco		
Oi	ffice Address:	6311 W. Pershing Dr	<u> </u>	о .
		Homosassa	. Florida 34448	
		(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,

Grolina de Butu Carolico Francisco
(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	Name: Carolina de Brito Candido Francisco	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Homosassa, FL, 34448	□Director		
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		□Treasurer
□Other	Other	□Other		Other :
□ Chairman	Name:	□Chairman	Name:	1:
□Vice Chairman	Address:	□Vice Chairman	Address:	çın.
□Director		□Director		(1)
□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. **Curation** at Buto landar function** 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. Carolina de Brito Candido Francisco

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057

dos.pa.gov/BusinessCharities

Regarding:

Dantile Remodeling Inc.

Request Type:

Subsistence Certificate

File No.:

Issuance Date: January 25, 2023

0007582371

Request No.:

008633121 000348103

Receipt No.: Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: August 09, 2022

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Dantile Remodeling Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov