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S. ROBERTS



## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	CT: DEBORA LYN INTERIOR I	DESIGN INC		
JUDIL	Name o	of corporation	· must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Co cate of Existence," or "Certificate ferenced foreign corporation to tr	of Good Stand	ling" and check are submitted	siness in Florida," d to register the
Please n	cturn all correspondence concerni	ng this matter	to the following:	
GEORG	E CECALA			
<del></del>		Name of F	erson	_
CECAL.	A & ASSOCIATES INC			
		Firm/Com	pany	
400 W L	AKE STREET SUITE 218			
		Addre	SS	
ROSIEL	115, 1111NOIS 60172			
		City/State ar	id Zip code	
GEOCE	CALA@SBCGLOBAL.NET			
	E-mail address	s: (to be used f	or future annual report notifi-	cation)
For furt	her information concerning this n	iatter, please c	all:	
GEORG	BEORGE CECALA at ( )			
	Name of Person	Area Cod	Daytime Telephone	Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassec, FL 3	on rations
Please r	ed is a check for the following ammake check payable to: FLORIDA D.,00 Filing Fee	DEPARTMENT ng Fcc & [	OF STATE  S78.75 Filing Fee &  Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified 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.

(If name unavailate	ble in Florida, enter alternate corporate name		siness in Florida
ILI_INOIS 3		20-3242942	
	under the law of which it is incorporated)	(FEI number, if applica	blc)
OCTOBER 05, 2	2005	PERPETUAL	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
770 S STRATFO	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
		ice street address)	2
ELMHURST, IL	LINOIS 60126-4649		023
	(Current maili	ng address, if differem)	
Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	1
	PAUL ALTMANN		
Name:	1136 SE OSCEOLA STREET #2	<del></del>	5: (
ffice Address:	TIDAGI, GRGANIA COTTO		03
	STUART	Florida 34996 (Zip code)	
	(City)	(Zip code)	
luving been nam esignated in this arther agree to C	ent's acceptance:  acd as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes with and accept the abligations of my p	ment as registered agent and agree is relative to the proper and complete p	/ UC1 1/4 1/16/

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
<b>■</b> Chairman	Name: DEBORA WESZ	Chairman	Name:				
■Vice Chairman	Address: 770 STRATFORD AVE	□Vice Chairman	Address:				
Director	FEMHURST, IL 60126	ODirector					
President		□President					
■ Vice President		□Vice President					
■ Secretary	<b>■</b> Treasurer	☐ Secretary	☐ Treasurer				
Other		□Other	Other				
Chairman	Name:	□ Choirman	Nane:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director □					
□l <sup>a</sup> resident		□President					
□Vice President		□Vice President					
Secretary	☐Treasurer	Secretary	☐Treasurer				
□(Xher	□Other	□Other	□()ther				
□Chairman	Name:	□Cheirman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
⊟Director		Director					
☐President		□President					
□Vice President		☐Vice President					
[]Secretary	☐Trensurer	☐ 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.							
13. DEBORA V	NEISZ - PRESIDENT	on signing applicatio	n)				
(Typed or printed name and capacity of person signing application)							

#### File Number

6451-100-9



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

DEBORA LYN INTERIOR DESIGN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 05, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of A.D.**APRIL** 2023

Authentication #: 2311601692 verifiable until 04/26/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE