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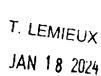
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only old to Elph Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/12/23--01033--021 **78.75



COVER LETTER

~	tration Sect						
SUBJECT:	•	M & M Inc. DBA: I	Hardwood Flo	oors By Manny			
SUBJECT.		Name of c	orporation -	must include suffix			
Dear Sir or M	adam:						
"Certificate o	f Existence,		Good Standi	ng" and check are sub-	et Business in Florida," mitted to register the		
Please return	all correspo	ndence concerning	this matter to	the following:			
Mary Navarro							
	-		Name of Pe	erson			
Hardwood Flo	ors By Mann	y					
			Firm/Compa	any			
6900 Daniels I	Pkwy STE 29	- #231					
	·	-	Address	;			
Fort Myers, Fl	_33912						
		С	ity/State and	l Zip code			
info@hardwoo	odtloorsbyma	nny.com					
		E-mail address: (to	be used for	future annual report r	notification)		
For further in	formation c	oncerning this matte	er, please cal	ł:			
Mary Navarro		at (239	955-4314			
Nam	e of Person		Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	neck payable	to: FLORIDA DEPA \$78.75 Filing F Certificate of S	ARTMENT (ee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
•	able in Florida, enter alternate corporate name a				
Illinois (State or countr	y under the law of which it is incorporated)	3. (FEI number, if applicable)			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)		
(000 D 1.1. DL					
6900 Daniels Pkv	vy STE 29 #231 Fort Myers, FL 33912	re <u>street</u> address)			
6900 Daniels Pkv	vy STE 29 #231 Fort Myers, FL 33912 (Principal office)				
	vy STE 29 #231 Fort Myers, FL 33912 (Principal office)	g address, if different)			
. Name and stree	(Principal office (Current mailing and address of Florida registered agent: (P.O.)	g address, if different)			
. Name and stree	(Principal office (Current mailing and address of Florida registered agent: (P.O.) Mary Navarro 6900 Daniels Pkwy STE 29 #231	g address, if different)			

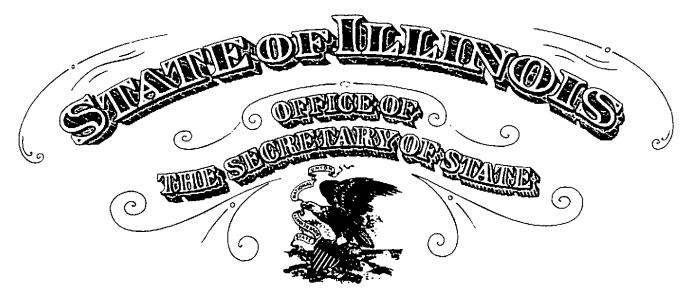
(Registered agent's signature)

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	Mary Navarro Name:	□ Chairman	Name:	
□Vice Chairman	Address: 6900 Daniels Pkwy STE 29 #231	□Vice Chairman	Address:	
Director		Director		
President		□President		
□ Vice President		□Vice President		14
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:	
	Address:	□Vice Chairman		
□Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re	port form.	
The officer or direction she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in nu alse information submitted in a document to the Do	mber 11 above) affirms the partment of State constitu	at the facts sta ites a third deg	ted herein are true and that he or ree felony as provided for in

File Number

6383-098-4



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

FLOORING BY M & M, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 2004, 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 7TH day of DECEMBER A.D. 2023.

Alexi Giannoul

Authorization #: 2334102749 verifiable until 12/07/2024.