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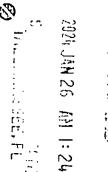
(Reques	tor's Name)	_
(Address	s)	
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(City/Sta	ite/Zip/Phone #)	
PICK-UP	_	MAIL
(Busines	ss Entity Name)	
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Special Instructions to Filing	g Officer:	

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COVER LETTER

•	tration Sectio				
SUBJECT:	•	roup of Florida Inc			
SUBJECT		Name of corpora	ition - m	ust include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standinį	g" and check are subr	
Please return	all correspond	lence concerning this ma	atter to 1	he following:	
Heather Eck					
		Name	e of Pers	son	
New Business	Filing				
		Firm/	Compan	<u> </u>	
8170 Washing	ton Village Dr				
		Ā	ddress		
Dayton, Ohio	45458				
	·	City/Sta	ate and 2	Lip code	
orders@newbi	usinessfiling.or	g			
 -		E-mail address: (to be u	sed for f	uture annual report n	otification)
For further in	formation con	cerning this matter, plea	ase call:		
Edward Locke		229 at ()	221-3648	
Nam	e of Person	Area	Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	eck payable to	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified 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.

(16	bla in Davida, autor alternate compante noma ad	opted for the purpose of transacting business in F	lorida)	
		81948440	ioi ida)	
Georgia (State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
5/1.1/1001				
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
01/18/2024	or mediporation)	(Date of defending in only man perpending		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503			
5540 W Main St	Unit 9 Dothan, Alabama 36305			
	(Principal office	street address)		
PO Box 3661 A	uburn, Alabama 36831	address, if different)		
Name:	ct address of Florida registered agent: (P.O. Cortny White 6359 Mallard Trace)	
Name:	Cortny White	- CO 124 CAR 2 CO)	
	Cortny White 6359 Mallard Trace)	

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.

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

A. DJRECTORS				
□Chairman	Edward Locke Name:	□Chairman	Name:	<u> </u>
□Vice Chairman	Address: W Main St Unit 9	□ Vice Chairman	Address:	
□Director	Dothan AL 36305	□Director		
President		□President		
□ Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary		☐ Treasurer
Other	Other	Other		□Other
□Chairman □Vice Chairman	Name: 515 S State Hwy 123 Address: Newton AL 36352	□ Chairman □ Vice Chairman	Address:	
□ Director □ President		□ Director □ President		
■ Vice President		□Vice President		
□Secretary	☐Treasurer	Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman □Vice Chairman □Director	Address:	□Chairman □Vice Chairman □Director		
□President		□President		
□ Vice President		□Vice President		
■ Secretary	■ Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
The officer or direct she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase information submitted in a document to the Department (and who is listed in number lase in	or Officer	eport form.	d herein are true and that he or

•

Control Number: K108585

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE DESIGN GROUP, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26373704
Date Inc/Auth/Filed: 05/14/1991
Jurisdiction : Georgia
Print Date : 01/09/2024

Form Number : 211



Brad Raffensperger