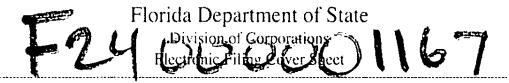
Division of Corporations



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# FOREIGN PROFIT/NONPROFIT CORPORATION LUTHER QUINTANA UPHOLSTERY CORP.

Certificate of Status	1
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# 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.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  New York  3. (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Current mailing address)  (Current mailing address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporate Creations Network Inc.  Office Address:  (City)  (City)  (City)  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 action this capacity.  [arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutand I am familiar with and accept the obligations of my position as registered agent.	1	TANA UPHOLSTERY CORP.		
New York   3.   (State or country under the law of which it is incorporated)   (FEI number, if applicable)   (3/16/1993   5.   (Date of incorporation)   5.   (Date of duration, if other than perpetual)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)   (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)   (Current mailing address, if different)   (Current mailing address, if			'COMPANY," "CORPORATION	<u></u>
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (Date of incorporation, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mai	(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of 03/16/1993  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (Date of incorporation)  (Date of incorporation, if other than perpetual)  (Date of incorporate in perpetual)  (Date of incorporate in perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if	, New York	3		
(Current mailing address)    Secretions of Florida (Principal office street address)	(State or countr			
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  89-18 103RD AVENUE, OZONE PARK, NY 11416  (Principal office street address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporate Creations Network Inc.  Softice Address:  North Palm Beach (City)  North Palm Beach (City)  O. 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. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dute and I am familiar with and accept the obligations of my position as registered agent.	T. (Date	of incorporation)	(Date of duration, if other	than perpetual)
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.		(SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liabili	ty)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.	7		street address)	
Office Address:    North Palm Beach   Florida   33408   75		et address of Florida registered agent: (P.O.		
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. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent.		801 US Highway I	<del>_</del>	2 ©
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Kunning Chan Kunning Chen, Special Secretary	Having been nam designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	nt as registered agent and agre utive to the proper and complet	l corporation at the place se to act in this capacity. Is te performance of my dutie.
(Registered agent's signature)		Kunning Chen Kunning Ch	en, Special Secretary	

<sup>10.</sup> 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 CLARISA QUINTANA □ Chairman Name: \_\_\_\_\_ □Chairman 89-18 103RD AVENUE ☐ Vice Chairman Address: \_ ☐Vice Chairman Address: OZONE PARK, NY 11416 Director □Director □ President **President** ■ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Name: □Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director President □President □Vice President \_ □Vice President ☐ Treasurer Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Name: □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director President □President □ Vice President □Vice President \_\_\_\_\_ ☐ Treasurer □ Secretary ☐Treasurer ☐ Secretary □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. Kunning Chen 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.

#### STATE OF NEW YORK

# DEPARTMENT OF STATE

# Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LUTHER QUINTANA UPHOLSTERY CORP.

**DOS ID Number:** 1710625

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/16/1993

Statement Status: CURRENT

Statement Due Date: 03/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION

**Date of Filing:** 03/16/1993

Entity Name: LUTHER QUINTANA UPHOLSTERY CORP.

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/03/1994

 Effective Date:
 03/01/1994

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 03/24/1999

 Effective Date:
 03/01/1999

Document Type: BIENNIAL STATEMENT Date of Filing: 04/03/2001 Effective Date: 03/01/2001 . . . . . . . . **Document Type:** BIENNIAL STATEMENT Date of Filing: 03/04/2003 Effective Date: 03/01/2003 Document Type: BIENNIAL STATEMENT Date of Filing: 05/04/2005 Effective Date: 03/01/2005 Document Type: BIENNIAL STATEMENT Date of Filing: 10/20/2015 **Effective Date:** 03/01/2015 Document Type: BIENNIAL STATEMENT Date of Filing: 08/06/2021 Document Type: CERTIFICATE OF CHANGE BY ENTITY Date of Filing: 03/01/2022 Document Type: BIENNIAL STATEMENT Date of Filing: 03/02/2023 Effective Date: 03/01/2023

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No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 28, 2024 at 03:15 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugha

By Brendan C. Hughes Executive Deputy Secretary of State

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