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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Deal Design Inc.			
30000001.	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cerabove referenced foreign corporate	rtificate of Good Stand	ing" and check are subm	
Please return all correspondence c	oncerning this matter t	o the following:	
David Deal			
	Name of P	erson	
Deal Design Inc.			
	Firm/Comp	any	
5070 HWY A1A STE D		•	1
· · · · · · · · · · · · · · · · · · ·	Addres	S	
Vero Beach, FL 32963			
13 11 1	City/State and	l Zip code	
david@dealdesign.com			
E-mail	address: (to be used fo	r future annual report no	tification)
For further information concerning	g this matter, please ca	11:	
David Deal	760 at (	492-3757	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	•	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction   porations
Cert	RIDA DEPARTMENT O	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

## 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.

Deal Design Inc	·.			
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,,	•
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
2. California	3. 8	2-0807242		
	y under the law of which it is incorporated)  5.	(FEI number, if ap	plicable)	-
	of incorporation)	(Date of duration, if other t	han perpetual)	•
6. 07/12/2022				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)		) y)	•
7. <sup>5070</sup> HWY A1A	STE D Vero Beach, FL 32963		2	_
5070 HWY A1A	(Principal office STE D Vero Beach FL 32963	street address)	OZ4 NAY	4 · *= 
8. Name and stree	(Current mailing et address of Florida registered agent: (P.O.	address, if different)  Box NOT acceptable)	-2	:
Name:	David Deal		PM 4: 07	• '
Office Address:	5070 HWY A1A STE D	_		
	Vero Beach	, Florida 32963		
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela- with and accept the obligations of my posit	nt as registered agent and agre ative to the proper and complet	e to act in this capa	city. I

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

David Deal   David David Deal   David Deal	A., DIRECTORS	•			
Director   Port St Lucie, FL 34986   Director   President     President   President   President   President     Other   Other   Other   Other   Other     Other   Other   Other   Other   Other     Other   Other   Other   Other     Other   Other   Other   Other     Other   Other   Other	□ Chairman	David Deal Name:	□ Chairman	Name: Namey	Hahn Deal
Director	□Vice Chairman	Address: 1312 SW Bent Pine Cove	□Vice Chairman	61/5	Camelia La
Ovice President	Director		Director	Vero Beach,	FL 32963
Chairman Name:	□President		□President		
Chairman Name:	□Vice President		□Vice President		
Chairman Name:	☐ Secretary	□Treasurer	□Secretary		□Treasurer
Director	Other	Other	□Other		Other
Director					
Director   Director   President   Presid	□Chairman	Name:	□Chairman	Name:	
President   President	□Vice Chairman	Address:	□Vice Chairman	Address:	
Ovice President	Director		□Director		
Chairman Name:	□President		□President		
Chairman Name:	□Vice President		□Vice President		
Chairman Name:	□Secretary	□Treasurer	☐ Secretary		☐Treasurer
Vice Chairman Address:	□Other	Other	□Other		Other
Vice Chairman Address:					
Director  Director  President  Vice President  Secretary  Treasurer  Other  Other  Other  Other  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 cashe 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.	□Chairman	Name:	□Chairman	Name:	_
President   President     Vice President   Vice President     Vice President     Vice President     Vice President     Vice President     Vice President     Vice President     Vice President     Vice President     Vice President   Vice President     Vice President	□Vice Chairman	Address:	□Vice Chairman	Address:	
Secretary	Director		□Director		
Secretary	□President		□President		
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 Forida 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 of 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.	□Vice President		□Vice President		
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 of 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.	□Secretary	Treasurer	□Secretary		□Treasurer
individuals may be added to the index when filing your Forida 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 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.	□Other	Other	□Other		Other
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 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.	individuals may be	added to the index when filing your Horida Departm	ent of State Annual R	ed for reporting eport form.	purposes only. Non-indexed
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 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.	12.		080		1
	she is aware that fa	etor signing this document (and who is listed in numbulse information submitted in a document to the Depar	er 11 above) affirms thement of State constitu		
A FIRM OF MILLION COMMENT OF MARCHARITY OF MARCHARITY WITH MILLION AND MILLION AND MARCHARITY AND A STATE OF THE STATE OF	13.			<u> </u>	1



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name:

DEAL DESIGN, INC.

Entity No.:

3999145

Registration Date:

02/28/2017

Entity Type:

Stock Corporation - CA - General

Formed In:

**CALIFORNIA** 

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 10, 2024.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 198985238

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.