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

TO:	Registration Section Division of Corporations						
SUBJI	ECT:	Deal Design In	nc.				
502,1			Name of corpora	tion - n	nust include suffix		
Dear Si	r or M	adam:					
"Certifi	icate of	Existence," c	by Foreign Corporation or "Certificate of Good or poration to transact but	Standin	g" and check are subr		
Please i	return a	ıll correspond	ence concerning this m	atter to	the following:		
David E	Deal						
			Name	of Per	son		
Deal De	sign In	c.					
		_	Firm/	Compar	ıy		
5070 H	WY AI	A STE D					
			A	ddress			
Vero Bo	each, Fl	32963					
			City/Sta	te and	Zip code		
david@	dealdes	ign.com					
		E	-mail address: (to be us	ed for t	future annual report n	otification)	
For furt	ther inf	ormation con	cerning this matter, plea	ise call:			
David E	Name of Person at (760 Area Code Daytime Telephone Number						
	Name	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		
Enclose Please n □ \$70.	nake ch	eck payable to:	ollowing amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$*	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

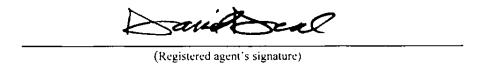
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation: must include "INCORPORATED." "(orp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"		
men con c	orp. me. Co. or Corp. y			
(If name unavail	able in Florida, enter alternate corporate name ado		siness in Florida)	
California	3. 82	32-0807242		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
02/28/2017	5.			
•	of incorporation)	(Date of duration, if other than perpetual)		
07/12/2022				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, STE D Vero Beach, FL 32963			
	(Principal office	treet address)		
5070 HWY A1A	STE D Vero Beach FL 32963	· · ·		
-	(Current mailing a	ddress, if different)	20	
			2024 11.37	
Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	<u>.</u>	
Name:	David Deal	_	12	
ffice Address:	5070 HWY A1A STE D		PH -	
	Vero Beach	– , Florida ³²⁹⁶³	ر ب	
	(City)	(Zip code)		

9. 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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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	Name: David Deal	Chairman	Name: Nancy Hahn Deal 615 Camelia Ln Address: Vero Beach, FL 32963					
□Vice Chairman	Address: 1312 SW Bent Pine Cove	□Vice Chairman						
■Director	Port St Lucie, FL 34986	Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
□Other	Other	Other	Other					
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□Presidem		□President						
□Vice President		□Vice President						
☐ 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					
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. David P. Deal								



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.

SEAL OF THE OF T

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.