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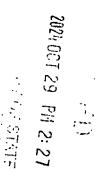
(Requestor's Name)					
(Address)					
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Schueller Furniture North A	merica Inc.		
SUBSECT.	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to	e of Good Stand	ling" and check are sub-	
Please return	all correspondence concern	ing this matter	to the following:	
Christian Burg	hart			
		Name of F	erson	
Schumann Bur	ghart LLP			
		Firm/Comp	pany	
1500 Broadwa	y, Suite 1902			
		Addre	SS	
New York, NY	10036			
		City/State an	d Zip code	
administration	@sbuslaw.com			
	E-mail addres	s: (to be used fo	or future annual report r	notification)
For further in	formation concerning this r	natter, please ca	all:	
Kinga Leung		646 at (809-2685	
Nam	e of Person	Area Code	Daytime Telepl	hone 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	
	check for the following am neck payable to: FLORIDA E ing Fee	DEPARTMENT ng Fee &	OF 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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)
Delaware	y under the law of which it is incorporated)		
01/12/2024			
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ty)
7850 NW 32nd S	treet, Unit A and B, Doral, FL 33122		
	(Principal offic	ee <u>street</u> address)	
1500 Broadway,	Suite 1902, New York, NY 10036		
	(Current mailin	g address, if different)	
.,		2 107	
Name and street	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	262
Name and stree	et address of Florida registered agent: (P.O. InCorp Services, Inc.	. Box <u>NOT</u> acceptable)	2924 00
Name:		. Box <u>NOT</u> acceptable)	2924 OCT 2
Name:	InCorp Services, Inc. 3458 Lakeshore Drive		. 29
Name:	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee	, Florida 32312	. 29
Name:	InCorp Services, Inc. 3458 Lakeshore Drive		. 29
Name: ffice Address: Registered ag	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance:	, Florida 32312 (Zip code)	29 PH 2: 27
Name: fice Address: Registered agaving been nam	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: ned as registered agent and to accept service	, Florida 32312 (Zip code) we of process for the above stated	29 PH 2: 27 TF at the plant of
Name: fice Address: Registered agaving been nansignated in this	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointm	, Florida 32312, Florida (Zip code) the of process for the above stated tent as registered agent and agree	Corporation at the place to act in this capacit
Name: fice Address: Registered ag aving been nam signated in this rther agree to c	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointmentally with the provisions of all statutes re	, Florida 32312 (Zip code) te of process for the above stated tent as registered agent and agreelative to the proper and complete	Corporation at the place to act in this capacit
Name: ffice Address: Registered ag aving been namesignated in this	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: and as registered agent and to accept services application, I hereby accept the appointm	, Florida 32312 (Zip code) te of process for the above stated tent as registered agent and agreelative to the proper and complete	Corporation at the place to act in this capacit
Name: ffice Address: Registered ag laving been namesignated in this	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointmentally with the provisions of all statutes re	, Florida 32312 (Zip code) te of process for the above stated tent as registered agent and agreelative to the proper and complete	Corporation at the place to act in this capacit
Name: Office Address: Registered aglaving been namesignated in this	InCorp Services, Inc. 3458 Lakeshore Drive Tallahassee (City) ent's acceptance: a ped as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes registered agent and accept the obligations of my possible with and accept the obligations of my possible.	, Florida 32312 (Zip code) te of process for the above stated tent as registered agent and agreelative to the proper and complete	I corporation at the place to act in this capacite performance of my

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		□ Chairman	Christian Burghart Name:
□Vice Chairman	Address:	□Vice Chairman	1500 Broadway Suite 1902
□Director	Unit A and B		New York, NY 10036
■ President	Doral, FL 33122	□President	
□Vice President		□Vice President	
☐ Secretary	■ Treasurer	■ Secretary	□Treasurer
CEO CEO		□Other	
□Chairman	Name:	□Chairman	Name: Max Heller
□Vice Chairman	850 NW 32nd Street	□Vice Chairman	850 NW 32nd Street
Director	Unit A and B	Director	Unit A and B
□President	Doral, FL 33122	□President	Doral, FL 33122
		□ Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
ŕ		-	
Other	Other	□Other	Other
□ Chairman	Name: Manfred Niederauer	□Chairman	Name: Christoph Wieland
	850 NW 32nd Street		Address: 850 NW 32nd Street
	Unit A and B		Unit A and B
Director Doral, FL 33122		_ Director	Doral, Fl. 33122
□ President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	□ Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	eartment of State Annual Re	d for reporting purposes only. Non-indexed port form.
	Signature of Director signing this document (and who is listed in n		at the facts stated herein are true and that he

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.

13. Christian Burghart, Secretary

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCHUELLER FURNITURE NORTH AMERICA

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHUELLER FURNITURE NORTH AMERICA INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204715915

Date: 10-24-24