F99000035666

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: DISCOUNT FLOOR PLAN, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

300002924203--6
-07/06/99--01146--001
*****78.75 *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VICTOR GERARDI
(Name of Person)

DISCOUNT FLOOR PLAN, INC.
(Firm/Company)

3907 N. FEDERAL HIGHWAY PMB 154
(Address)

POMPANO BEACH, FL 33064
(City/State/Zip)

Name Availability	MJH
Document Examiner	MJH
Updater	
Updater Verifyer	
Acknowledgement	
P. Verifyer	

Should you need to call someone concerning this matter, please call:

VICTOR GERARDI at (954) 698-1033
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -6 AM 10:50

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☑ $78.75 Filing Fee & Certificate of Status
- ☐ $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.

1. DISCOUNT FLOOR PLAN INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE, USA
(State or country under the law of which it is incorporated)

3. 58-2475793
(FEI number, if applicable)

4. 06-21-99
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 3511 SILVERSIDE ROAD SUITE 105, WILMINGTON DE 19810
(Principal office address)

b. 2361 N.E. 49th STREET, LIGHTHOUSE POINT FL 33064
(Current mailing address)

8. FLOOR PLANNING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: VICTOR GERARDI

Office Address: 2361 N.E. 49 STREET

LIGHTHOUSE POINT, Florida 33064
(Zip code)

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DIVISION OF CORPORATIONS
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10. **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.

Victor Gerardi
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: VICTOR GERARDI

Address: 2361 N.E. 49 ST. LIGHTHOUSE POINT, FL 33064

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ELECTIONS TO BE HELD UPON QUALIFICATION

Address: _____

Vice President: _____

Address: _____

Secretary: ELECTIONS TO BE HELD UPON QUALIFICATION

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Victor Gerardi - DIRECTOR
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. VICTOR GERARDI - DIRECTOR
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISCOUNT FLOOR PLAN 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-EIGHTH DAY OF JUNE, A.D. 1999.

Edward J. Freel, Secretary of State

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991261883

AUTHENTICATION: 9832984

DATE: 06-28-99