## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION

Perfect Solutions Garage Door, Inc

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

S Warren

AUG 0 1 2016

7/29/2016

### **COVER LETTER**

TO: Registration S Division of C	orporations			
SUBJECT:	CT SOLUTIONS GARA	GE DOOR, II	NC.	
	Name of c	orporation -	must include suffix	
Dear Sir or Madam:				
"Certificate of Exister	ation by Foreign Corpo ce," or "Certificate of gn corporation to trans	Good Standi	ng" and check are su	act Business in Florida," bmitted to register the
Please return all corre- LIMOR ALKOBI	spondence concerning	this matter to	o the following:	
PERFECT SOLUTIONS	S GARAGE DOOR, INC	Name of Pe	rson	
524 DIJON PLACE		Firm/Compa	ny	<del></del>
ROSEVILLE, CA 9574	7	∧ddress	Turn	
limalkobi@hotmail.com	Ci	ty/State and	Zip code	
	E-mail address: (to	be used for	future annual report	notification)
For further information	concerning this matte	r, please call	;	
LIMOR ALKOBI		916 )	218-4931	
Name of Perso		Area Code		hone Number
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g : Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for	the following amount:			
\$70.00 Filing Fee	S78.75 Filing Fee Certificate of Sta		78.75 Filing Fee & ertified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1.	UTIONS GARAGE DOOR, INC			
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	"	
CALIFORNIA	<u>-</u> ,	4165914		
(State or country NOVEMBER 1	y under the law of which it is incorporated), 2010	(FEI number, if app		•
4. (Date	of incorporation) 5.	(Date of duration, if other ti	nan perpetual)	•
6.	(Date first transacted business in Flo	ride if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502, CE ROSEVILLE, CA 95747	F.S., to determine penalty liability	<b>)</b>	
/	(Principal of	Mice address)		
<del></del>	(Current mailing ad	dress if different)	• • • • • •	
8. Name and street	et address of Florida registered agent: (P.O. Be			7
Name:	C T Corporation System	- · · ·		m
Office Address:	1200 South Pine Island Road	-	D S	O
	Plantation	, Florida	器 5	
	(City)	(Zip code)	-	
designated in this	ed as registered agent and to accept service of application, I hereby accept the appointment	as registered agent and agree	to act in this capa	city. I
further agree to co duties, and I am fi	omply with the provisions of all statutes relations in illustrations and accept the obligations of my	ve to the proper and complete position as registered agent.	e performance of m	y
2	Dang Nguyen,	Asst. Secretary, C T C	orporation Syst	em
	(Registered agent			
10. Attached is a c	ertificate of existence duly authenticated, not	more than 90 days prior to deli	ivery of this applica	tion to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

:

II. Nan	nes and business addresses of officers and/or directors:			
	ECTORS : MIHA BITERMAN			
Chairman	524 DUON PLACE			
Address:	ROSEVILLE, CA 95747			<del></del> -
	LIMORALKOBI	<del></del>		
Vice Cha-	irman: 524 DIJON PLACE		<del></del>	
Address:	ROSEVILLE, CA 93747	<del></del>		<del></del>
	MIHA BITERMAN			
Director:	324 DIJON PLACE	<del></del>	<u> </u>	
Address:	ROSEVILLE, CA 95747	<del></del>		
	LIMOR ATXOBI	<del></del>		
Director:	324 DUON PLACE		n N	
Address:	ROSEVILLE, CA 95747	27 KO 3 - 512	ा ४ <sup>५</sup> होता म	pa Per grand
B. OFF	ICERS MIHA BITERMAN	TARY	1 1	Topposite Control
President:	524 DIJON PLACE		>	
Address:	ROSEVILLE, CA 93747	SE SE	두	
	LIMOR ALKOBI	<del>- GH</del>	_ <del></del>	· <del></del>
Vice Pres	ident: 524 DIJON PLACE			-
Address:	ROSEVILLE, CA 95747			
	LIMORATIKOBI			
Secretary:	524 DUON PLACE ROSEVILLE, CA 95747			
Address:	LIMORALKOBU	<del></del>		
Treasurer	524 DEFON PLACE ROSEVILLE, CA 98747			
Address:			<del></del>	
NOTE:	If necessary, you may attach an addendum to the application fisting additional officers at	nd/or dir	ectors.	
12	Signature of Director or Officer			
	cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm legree felony as provided for in s.817.155, F.S. HABITERMAN	the facts	s stated h tate cons	icrein ititutes
13	(Typed or printed name and capacity of person signing application)			

CARPEL ERROR OVER TO A SECURE A SECURE OF THE PARTY OF TH

# State of California

Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

PERFECT SOLUTIONS GARAGE DOOR, INC

FILE NUMBER:

C3330441

FORMATION DATE: TYPE:

11/01/2010 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

· ACTIVE (GOOD STANDING) ·

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 July 27, 2016.

ALEX PADILLA Secretary of State