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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: C.U. Painting Restoration. IN	C		
Name C	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Stan	ding" and check are submit	usiness in Florida," ted to register the
Please return all correspondence concerni	ng this matter	to the following:	
Christopher Uliano			
	Name of I	Person	
C.U. Painting Restoration, INC			
	Firm/Com	pany	
158 Annapolis Street E			
-	Addre	'SS	
West St. Paul, MN 55118			
	City/State ar	nd Zip code	
c.u.paintingrestorationine@gmail.com			_
E-mail address	: (to be used f	or future annual report noti	fication)
For further information concerning this m	atter, please c	all:	
Christopher Uliano	612	Daytime Telephon	
Name of Person	Area Code	Daytime Telephon	ne Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FI.	ion orations
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee ■ \$78.75 Filing Certificate of	EPARTMENT g Fee &		☐ \$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.

(If name unavails	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida:
Minnesota	3	90-0451046
(State or countr	3. under the law of which it is incorporated)	(FEI number, if applicable)
March 2, 2009	5.	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
	<u></u>	
	(Date first transacted business in	Florida, il prior to registration) 02, F.S., to determine penalty liability)
158 Annapolis St	East, West St. Paul, MN 55118	This is determine penalty starting.
		6)
		re street address)
***		te <u>street</u> address)
	(Principal offic	g address, if different)
	(Principal offic	g address, if different)
	(Principal offic	g address, if different)
Name and street	(Principal offic	g address, if different)
Name and <u>stree</u> Name:	(Principal offic (Current mailing t address of Florida registered agent: (P.O Vincent Uliano	g address, if different)
Name and stree Name:	(Principal offic (Current mailing) t address of Florida registered agent: (P.O. Vincent Uliano 808 3rd Avenue West, #471	g address, if different)
Name and stree	(Principal offic (Current mailing t address of Florida registered agent: (P.O Vincent Uliano	g address, if different)

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.

(Registered agent's signature)

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 Christopher Uliano Name: □ Chairman ■ Chairman 158 Annapolis Street E □ Vice Chairman Address: □Vice Chairman Address: West St. Paul, MN 55118 □Director □Director ■ President □President □Vice President □ Vice President □ Secretary ■Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □ Other _____ □Other ____ Name: _____ □Chairman □ Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: ___ □ Director □ Director □President □President □Vice President □Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other ____ □Other _____ □Other _____ □ Chairman □ Chairman Name: ______ 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms 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. Christopher Uliano

Office of the Minnesota Secretary of State Certificate of Good Standing

1, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: C.U. Painting Restoration, INC

Date Filed: 03/02/2009

File Number: 3235184-2

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 07/12/2024

Oteve Pinnon Steve Simon

Secretary of State

State of Minnesota