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To:

Division of Corporations .

Fax Number

: (850)617-6383

From:

: NATIONWIDE CONTRACTOR LICENSING Account Name

Account Number : I20210000115 Phone : (954)233-0222 Fax Number : (813)441-8235

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

Email Address: StateLicenseInfo@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION CD PAINTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. SALY

FEB 2 0 2025

COVER LETTER

TO:	Registration Section Division of Corpora						
CIRRI	ECT:	CD	PAINTING, I	NC.			
SUD		Name of co	orporation -	must in	clude suffix	-	
Dear S	Sir or Madam:						
"Certi	nclosed "Application b ficate of Existence," o referenced foreign co	r "Certificate of C	Good Standi	ing" and	I check are sul		
Please	return all correspond	ence concerning t	his matter t	o the fol	lowing:		
		Ang	gela Ra Name of Po	msay erson	7		
		<u>Vationwide</u>	Contra		Licensin	ng	
	291	57 Chapel			Suite A		
			Addres	S			
		Wesley (
			ty/State and				
		StateLicen: -mail address: (to	seInfo@	ngma	il.com	notific	ation)
For fu	rther information cond						,
	Angela Rams	ay at (954	.)	233-022	22	
	Name of Person		Area Code]	Daytime Telep	ohone l	Number
	STREET/COURIE Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	tions nassee eet, Suite 810			MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Согрога 27	n itions
Please	sed is a check for the f make check payable to: 0.00 Filing Fee	ollowing amount: FLORIDA DEPA \$78.75 Filing Fe Certificate of St	RTMENT (Filing 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.

1.	CD PAINTING	S. INC.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
		CD IMAGING & SIG	NS, INC.					
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2.	CA	y under the law of which it is incorporated) 3.	-5097002					
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	le)				
4. 06/29/2020 5.								
••	(Date of incorporation) 5. (Date of duration, if other than perpetual)							
6.								
J .		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)					
7 4	1080 MISSION I	BLVD. MONTCLAIR, CA 91763						
′	<u>, , _</u>	(Principal office s	street address)					
	4080 MISSION	BLVD. MONTCLAIR, CA 91763						
-		(Current mailing a	ddress, if different)					
8.	Name and stree	et address of Florida registered agent: (P.O. E	lox <u>NOT</u> acceptable)	FILE DAMES				
Name: Nationwide Contractor Licensing								
Ofi	fice Address:	29157 Chapel Park Drive, Suite	<u>4</u>					
		Wesley Chapel	, Florida 33543					
		Wesley Chapel (City)	(Zip code)	•				
Ha des fur	ving been nam ignated in this ther agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my position.	it as registered agent and agree to a five to the proper and complete per on as registered agent.	ect in this capacity. I				
	.	Angela Ras (Registered agent's signa	nsay					
		(Registered agent's signa	.ture) //					

^{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 □Vice Chairman ⊞Director	STEVEN L. CRAMER Name: 4080 MISSION BLVD. Address: MONTCLAIR, CA 91763	□Chairman □Vice Chairman □Director	Name:			
⊟ President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Ti ca \$			
□Other	Other	□Other	☐ Other	urer S		
□ Chairman	Name:	⊡Chai ππ a π	Name:	· .·		
□Vice Chairman	Address:	☐Vice Chairman	Address:			
□Director		☐Director				
□President		□President				
□Vice President		☐Vice President				
Secretary	☐ Treasurer	□Ѕестейшту	□Treas	urer		
Other	Other	Other	Other			
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chai ma n	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	☐Treasurer	Secretary	□Treas	urer		
□Other	□Other	Other	Other	T		
Important Notice: Use in artifichment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to idefindex 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.812.155, F.S. STEVEN L. CRAMER						
(Typed or printed name and capacity of person signing application)						



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:



Entity Name:

CD PAINTING, INC.

Entity No.:

2836864

Registration Date: 06/09/2006

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.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 12, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 295281131

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.