

MIS000008736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100278514181

10/30/15--01013--020 **125.00

2015 OCT 30 P 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 02 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-V Design Studio, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael K. McVey
Name of Person

Troppito Miller Griffin, LLC
Firm/Company

15621 W. 87th Street #352
Address

Lenexa, KS 66219
City/State and Zip Code

mikemcvey@troppitomiller.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael K. McVey at (913) 815-2672
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. A-V Design Studio, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0680806
(FEL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5216 SW 8th Place
Cape Coral, FL 33914
(Street Address of Principal Office)

6. 5216 SW 8th Place
Cape Coral, FL 33914
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Armond W. Sikes, Jr.
Office Address: 5216 SW 8th Place
Cape Coral, Florida 33914
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Armond W. Sikes Jr., manager, 5216 SW 8th Place, Cape Coral, FL 33914
Pamela J. Sikes, manager, 5216 SW 8th Place, Cape Coral, FL 33914

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

[Signature] Manager
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Armond W. Sikes, Jr., manager
Typed or printed name of signer

FILED
2015 OCT 30 P 1:03
DEPARTMENT OF STATE
COMMISSIONER, FLORIDA

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4323374

Entity Name: A-V DESIGN STUDIO, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: MICHAEL K. MCVEY

Registered Office: 8853 SUNSET DRIVE, LENEXA, KS 66220

was filed in this office on June 22, 2009, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 27, 2015

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 721612 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.