

F13000001336

(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



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02/04/13--01060--031 **78.75

FILED
13 MAR 25 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/27
88

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LYNDEN FLOOR & DESIGN, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

DAVID Muntean

Name of Person

LYNDEN FLOOR & DESIGN, INC.

Firm/Company

2017 FRONT ST.

Address

LYNDEN, WA 98264

City/State and Zip code

info@lyndenfloor design.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE Muntean

Name of Person

at (360) 354-4149 EXT 22

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



✦ Design ✦ Construction ✦ Furnishings

Elements Hospitality
2017 Front St.
Lynden, WA 98264
360.354.4149
www.elements-hospitality.com

A Division of Lynden Floor & Design, Inc.

DATE: March 5, 2013

TO: Florida Dept of State
Division of Corporations
Attn: Jessica Fason
PO Box 6327
Tallahassee, FL 32314

Subject: Letter Number: 213A00002941

Jessica, here is the Certificate of Existence your office needed to complete our entity establishment.

Thank you for your assistance.

A handwritten signature in black ink, appearing to read "D. Muntean".

David Muntean
Elements-Hospitality

RECEIVED
13 MAR 11 AM 7:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 MAR 25 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 13, 2013

DAVID MUNTEAN
2017 FRONT ST.
LYNDEN, WA 98264

SUBJECT: LYNDEN FLOOR & DESIGN, INC.
Ref. Number: W13000007410

We have received your document for LYNDEN FLOOR & DESIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 213A00002941

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. LYNDEN FLOOR DESIGN, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WASHINGTON 3. 20 581 9880
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 28, 2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2017 FRONT ST, Lynden, WA 98264
(Principal office address)

(Current mailing address)

8. Purpose: To provide construction services to clients in Florida
(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 NOT acceptable)

Name: NRAI, INC

Office Address: 515 EAST PARK AVE

Tallahassee, FL, Florida 32301
(City) (Zip code)

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.

See attached
Signature

(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.

dave.muntean@elements-hospitality.com

"Cox, Jessica" <JCox@nrai.com>
To: "dave.muntean@elements-hospitality.com" <dave.muntean@elements-hospitality.com>
FW: Scanned from MFP-04766953 01/14/2013 13:18

January 15, 2013 9:46 AM

1 Attachment, 1.1 MB

-----Original Message-----

From: Cox, Jessica
Sent: Tuesday, January 15, 2013 10:03 AM
To: 'Lynden Store'
Subject: RE: Scanned from MFP-04766953 01/14/2013 13:18

Please see attached

-----Original Message-----

From: Lynden Store [mailto:copiers@lyndenfloordesign.com]
Sent: Monday, January 14, 2013 3:19 PM
To: documents@nrai.com; documents@nrai.com
Subject: Scanned from MFP-04766953 01/14/2013 13:18

Scanned from MFP-04766953.
Date: 01/14/2013 13:18
Pages:1
Resolution:200x200 DPI

**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. LYNDEN FLOOR DESIGN, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. WASHINGTON 3. 20 581 9880
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2017 FRONT ST, Lynden, WA 98264
(Principal office address)
- _____
(Current mailing address)
8. Purpose: To provide construction services to clients in Florida
(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 NOT acceptable)
Name: NRAI SERVICES, INC.
Office Address: 515 EAST PARK AVE
Tallahassee, FL , Florida 32301
(City) (Zip code)

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

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STATE
TALLAHASSEE FLORIDA

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.

NRAI SERVICES, INC.

By: Jessica Cox

Jessica Cox, Assistant Secretary

(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.

dave.muntean@elements-hospitality.com

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GREG NEUFELDT

Address: 2017 FRONT ST

LYNDEN, WA 98264

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.817.155, F.S.

14. GREG NEUFELDT

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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