

F24000000000145

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000012321 3)))



H240000123213ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC
Account Number : I20170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

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

Email Address: LJS@SALVATORI.LEGAL

Foreign Limited Liability Company Anita Clark Design LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
2024 JAN 10 AM 9:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 JAN 10 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

(((H24000012321 3)))

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

IN COMPLIANCE WITH SECTION 605.09012, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ANITA CLARK DESIGN 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. MASSACHUSETTS 3. 86-3690477
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. <u>450B PARADISE ROAD</u> (Street Address of Principal Office)	6. <u>450B PARADISE ROAD</u> (Mailing Address)
<u>#310</u>	<u>#310</u>
<u>SWAMPSCOTT, MA 01907</u>	<u>SWAMPSCOTT, MA 01907</u>

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

Name: SALVATORI LAW OFFICE, PLLC

Office Address: 5150 TAMiami TRAIL NORTH, SUITE 304

NAPLES, Florida 34103
(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.

(Registered agent's signature)

(((H24000012321 3)))

FILED
2024 JAN 10 PM 3:38
SECRETARY OF STATE
TAMPA, FLORIDA

(((H24000012321 3)))


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to file (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ANITA CLARK	<input checked="" type="checkbox"/> Manager	Name: WILLIAM CLARK
<input type="checkbox"/> Member	Address: 450B PARADISE ROAD	<input type="checkbox"/> Member	Address: 450B PARADISE ROAD
<input type="checkbox"/> Authorized	#310	<input type="checkbox"/> Authorized	#310
Person	SWAMPSCOTT, MA 01907	Person	SWAMPSCOTT, MA 01907
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes on indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

10. 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.



 Signature of an authorized person

ANITA CLARK, AS MANAGER

 Typed or printed name of signer

(((H24000012321 3)))



William Francis Galvin
Secretary of the
Commonwealth

(((H24000012321 3)))

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 3, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ANITA CLARK DESIGN LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 27, 2021.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
WILLIAM CLARK, ANITA CLARK

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **WILLIAM CLARK, ANITA CLARK**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **WILLIAM CLARK, ANITA CLARK**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By: BOD

(((H24000012321 3)))