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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. LEMIEUX

DEC 17 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOME FURNISHING CENTER, 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:

Gayle Evans, Attorney at Law

Name of Person

CHINNERY EVANS & NAIL, P.C.

Firm/Company

800 NE Vanderbilt Lane

Address

Lee's Summit, MO 64064

City/State and Zip Code

swilliams@chinnery.com

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

For further information concerning this matter, please call:

Gayle Evans

816

525-2050

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. HOME FURNISHING CENTER, 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 48-1224026
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 24 Dockside Lane #7 24 Dockside Lane #7
(Street Address of Principal Office) (Mailing Address)
Key Largo, FL 33037 Key Largo, FL 33037

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

Name: Registered Agents Inc
Office Address: 7901 4th St N, Suite 300
St. Petersburg 33702
(City) , Florida (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.

David Roberts
(Registered agent's signature)

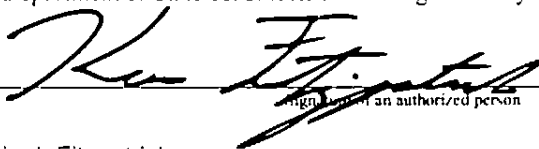
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Kevin J. Fitzpatrick	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 24 Dockside Lane #7	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Key Largo, FL 33037	<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: Laura K. Fitzpatrick	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 24 Dockside Lane #7	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Key Largo, FL 33037	<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 only. Non-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 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)

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.



Kevin J. Fitzpatrick
Typed or printed name of signee

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 2812048

Business Name: HOME FURNISHING CENTER, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on December 08, 1999, 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 affix my official certification seal.
Done at the City of Topeka,
on this day November 08, 2024.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE



Chinnery Evans & Nail, P.C.

Attorneys at Law

October 31, 2024

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

Re: Application for Florida Foreign Authority for
HOME FURNISHING CENTER, LLC

Gentlepersons:

Enclosed please find the following documents for filing in regard to the matter referenced above:

- Kansas Certificate of Good Standing for HOME FURNISHING CENTER, LLC
- Cover Letter
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Also enclosed is a check in the amount of \$155.00 to cover the processing fee. Please proceed to file the enclosed documents and forward confirmation of this filing. A self-addressed envelope is enclosed. If you have any questions, please do not hesitate to contact us.

Sincerely,

CHINNERY EVANS & NAIL, P.C.

A handwritten signature in cursive script that reads 'Susan Williams'.

Susan Williams
Corporate Paralegal

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Enclosures

800 NE Vanderbilt Lane
Lee's Summit, Missouri 64064
816.525.2050 phone
816.525.1917 fax
www.chinnery.com