| Sarah & Austin Harrelson 6421 N Bay Rd Miami Beach FL 33141-4515 | |
|---|--|
| Address City/State/Zip Phon | 50004093346- e# -05/01/010101200 **** #25 00 **** #25 |
| CODDOD'A TYON NA NATUCEN O DOG | Office Use Only |
| 1. A/D DESIGN GR | CUMENT NUMBER(S), (if known): |
| (Corporation Name) 2(Corporation Name) | (Document #) (Document #) |
| 3(Corporation Name) | (Document #) |
| 4(Corporation Name) | (Document #) |
| □ Walk in□ Pick up time□ Mail out□ Will wait | Certified Copy Photocopy Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director SST 7 Change of Registered Agent Dissolution/Withdrawal Merger DECISTRATION/OHALHEIGATION |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 4, 2001

SARAH & AUSTIN HARRELSON 6421 N. BAY RD. MIAMI BEACH, FL 33141-4515

SUBJECT: A/D DESIGN GROUP, LLC

Ref. Number: W01000010108

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SELVATASSEE FLORIDA

We have received your document for A/D DESIGN GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 1608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please provide the usual business address(es) required in section 9: we cannot accept "N/A" as an answer.

There is a \$50 fee for your fictitious name application, and that application cannot be filed until this LLC is filed. The fictitious name application is being forwarded to the section that files them.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 301A00026489

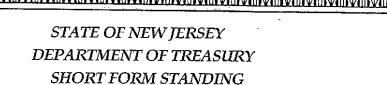
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | A/D DESIG | GN GRO | UP, LLC | | | |
|-----|---|--------------|---|---|--|--|
| | (Name of foreign | limited lia | bility company) | | | |
| 2. | NEW JERSEY | 3. | 22-3590966 | | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) | | | |
| 4. | 07/08/98 | 5. | PERPETUAL | | | |
| | (Date of Organization) | | (Duration: Year limited liability company will cease to exist or "perpetual") | 0 | | |
| 6. | - UDON CAJOL | 3 G C | chon | | | |
| | (Date first transacted business in Florida. | (See sectio | ns 608.501, 608.502, and 817.155, F.S.)) | | | |
| 7. | 6421 NORTH BAY ROAD | | | | | |
| | MIAMI BEACH, FL 33141 | | | | | |
| | (Street addr | ess of princ | ipal office) | | | |
| 8. | If limited liability company is a manager-managed company, check here 7 | | | | | |
| 9. | 9. The usual business addresses of the managing members or managers are as follows: | | | | | |
| | N/A 6421 North Bay Ro | 2 | | | | |
| | MIam Beach, FL. | <u>331</u> | // | | | |
| | | | | | | |
| - | | | | _ | | |
| | | | | | | |
| 10. | Attached is an original certificate of existence, no | | | | | |
| | having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the | | | | | |
| | translator must be submitted.) | ge, a tran | station of the certificate under dath of the | | | |
| 11. | Nature of business or purposes to be conducted or | r promot | ed in Florida: | | | |
| _ | REAL ESTATE REMODELING AND INTERI | OR DE | CORATING DESIGN | | | |
| | dichis & Assals | nit. | | | | |
| | Signature of a member or an aut | horized r | epresentative of a member. | | | |
| | (In accordance with section 608.408(3), F. | S., the exec | ution of this document constitutes | | | |
| | an affirmation under the penalties of perju | | | , | | |
| | AUSTIN | | SON | - | | |
| | Typed or print | ed name | or signee | | | |
| | | | IAS I | - | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

| TO STATE OF THE ST | E OF FLORIDA. | | | | | | |
|--|-------------------------|--|--|--|--|--|--|
| 1. The name of the Limited Liability Company is: | | | | | | | |
| A/D DESIGN GROUP, LLC | | | | | | | |
| . The name and the Florida street address of the registered agent and office are: | | | | | | | |
| • | | | | | | | |
| AUSTIN HARRELSON | | | | | | | |
| (Name) | | | | | | | |
| | | | | | | | |
| 6421 MODELL DAY DOLD | | | | | | | |
| Florida street address (P.O. Box NOT ACCEPTABLE) | | | | | | | |
| ACCEPTABLE) | | | | | | | |
| | | | | | | | |
| MIAMI BEACH FL 33141 | | | | | | | |
| City/State/Zip | . | | | | | | |
| · | | | | | | | |
| Having been named as registered agent and to accept service of process for the above stated lin at the place designated in this certificate, I hereby accept the appointment as registered agent a capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. | nd agree to act in this | | | | | | |
| Just B. Hamely (Signature) | TALL SE | | | | | | |
| Y / / | | | | | | | |
| #100.00 TEN TO 4 1 11 | 男 | | | | | | |
| \$100.00 Filing Fee for Application | SS 7 | | | | | | |
| \$ 25.00 Designation of Registered Agent | | | | | | | |
| \$ 30.00 Certified Copy (optional) | | | | | | | |
| \$ 5.00 Certificate of Status (optional) | Sala es | | | | | | |
| | | | | | | | |
| | > | | | | | | |



A/D DESIGN GROUP, L.L.C.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 9, 1998.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1999

I further certify that the registered agent and registered office are:

Nadine Goldsmith 16 Avenue Or Two Rivers South Rumson, NJ 07760

Continued on next page . . .

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