

MO206000027<sup>6</sup>

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

700004711677--0  
-12/06/01--01047--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: HOME OFFICE LLC

(Name of Corporation - must include suffix)

LLC

~~700004739967--3~~

~~-12/26/01--01102--006~~

~~\*\*\*\*\*55.00 \*\*\*\*\*55.00~~

Dear Sir or Madam:

LLC

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

LAURIE MACKIN

(Name of Person)

601-28616

~~EXEC~~ EXECUTIVE SHOPPE

(Firm/Company)

700004711677--0

-12/26/01--01102--006

\*\*\*\*\*55.00 \*\*\*\*\*55.00

927 FERN ST

(Address)

ALTAMONTE SPRINGS, FL 32701-2742

(City State and Zip code)

For further information concerning this matter, please call:

LAURIE MACKIN

(Name of Person)

at ( 407 ) 578-7003 x120

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

FILED  
02 JAN -3 PM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtw

1/3



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 10, 2001

LAURIE MACKIN  
927 FERN ST.  
ALTAMONTE SPRINGS, FL 32701-2742

SUBJECT: HOME OFFICE LLC  
Ref. Number: W01000028016

We have received your document for HOME OFFICE LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Michael Mays  
Document Specialist

Letter Number: 901A00064815

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02 JAN -3 PM 8:24  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

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

1. HOME OFFICE LLC  
(Name of foreign limited liability company)

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

3. 22-3821429  
(FEI number, if applicable)

4. AUGUST 2001  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. AUGUST 2001  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 927 FERN ST ALTAMONTE SPRING, FL 32701-2742  
(Street address of principal office)

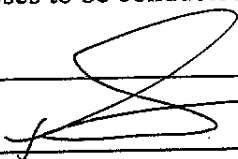
8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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02 JAN -3 PM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Attached is an original 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. (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.)

11. Nature of business or purposes to be conducted or promoted in Florida: OFFICE FURNITURE CATALOG

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TOM SHIPLEY  
\_\_\_\_\_  
Typed or printed name of signee

**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.

1. The name of the Limited Liability Company is:

HOME OFFICE, LLC

2. The name and the Florida street address of the registered agent and office are:

MIKE SELMAN

(Name)

927 FERN ST

Florida street address (P.O. Box **NOT** ACCEPTABLE)

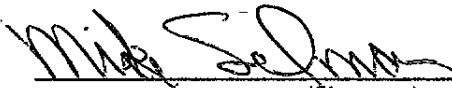
ALTAMONTE SPRINGS

FL 32701

City/State/Zip

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02 JAN -3 PM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOME OFFICE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2001.

FILED  
02 JAN -3 PM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3425947 8300

AUTHENTICATION: 1437827

010566118

DATE: 11-09-01