# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_





500064371775

02/03/06--0102/--014 \*\*67.50

01/26/06--01060--005 \*\*87.50

DIVISION OF CORTOURING





February 2, 2006

MARC F. COLIN % MARC COLIN 1643 BRICKELL AVE., STE 160 MIAMI, FL 33129

SUBJECT: ITALIAN FLOOR DESIGN LLC

Ref. Number: W06000005331

We have received your document for ITALIAN FLOOR DESIGN LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

There is a balance due of \$72.50.

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) 245-6984.

Letter Number: 806A00007718

Deborah Bruce Document Specialist

Division of Companytions D.O. P.O.V. 6227 Tollahoggood Florida 22214

#### **Marc COLIN**

1643 Brickell Avenue, Apt. 1604 Miami FL. 33129

Phone: (305) 859-8350 -home

(305) 586-7505 -Cel.

Fax:

(305) 858-7142

Email:

vanilcolin@msn.com

02 / 02 / 2006

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallakassee FL 32301

Fedex # 7903 0926 5874

#### Attention Debra Bruce

Re. ITALIAN FLOOR DESIGN LLC / Application for Foreign LLC to transact business in Florida

#### Gentlemen:

In reference with the application for foreign LLC to transact business in Florida, I enclosed the correct form, having mailed previously the wrong form received in your office on 01/26/06.

Please find enclosed the balance of \$ 67.50 (\$ 155.00 - \$ 87.50) check # 489 Your best attention for this matter will be highly appreciated.

Sincerely

Mar¢ F. Colin

Encl: 4

OPIGIMM CERTIFICATE OF EXISTEREE ACREMINY IN YOUR HAMSS -

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:
(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:
MARC 7. COLIN (Name of Person)
(Name of Person)
ITALIAN TLOOR DESIGN LLC  (Firm/Company)  SE VISION FOR DESIGN LLC  (Firm/Company)
(Name of Person)  THALIAN TLOOR DESIGN LLC  (Firm/Company)  Your HARC COLIN 1643 BRICKEN AVENUE SWITE 16642 (Address)  MIAH! FL 33129  (City/State and Zip Code)  For further information concerning this matter, please call:
MiAMI FL 33129
(City/State and Zip Code)
For further information concerning this matter, please call:
HARC F. COLIN at (305) 859-8350 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{align*} \pm

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

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: TTALIAN TLOOR DESIGN
(Name of Foreign Limited Liability Company) . DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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: 1643 BRICKEN AVE STITE 1604 HIAMI FL 33129 10. Attached is an original certificate of existence, no more than 90 days old, thuly 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.) AND DESIGN 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.) 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.

ITALIAN FLOOR DESIGN LLC	-
2. The name and the Florida street address of the registered agent and office are:	טוע <mark>ן</mark>
MARC F. COLIN (Name)	OIVISION OF C
1643 BRICKEL AVE SVITE 1604 Florida Street Address (P.O. Box NOT ACCEPTABLE)	PM 2: 06
MAMI FL 33129 City/State/Zip	٠.٤

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, Florida Statutes.

(Signature)

1. The name of the Limited Liability Company is:

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

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITALIAN FLOOR DESIGN 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITALIAN FLOOR DESIGN LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATION



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 4469178

DATE: 01-23-06

3715407 83.00

060064717