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SECRETARY OF STATE

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#### BOVAY, COOK & OSSI, P.A.

Attorneys at Law 901 N.W. 57<sup>th</sup> Street Gainesville, Florida 32605

JOHN C. BOVAY\*\*

LL.M. IN TAXATION
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\*Board Certified in Tax Law
\*Board Certified in Wills, Trusts & Estates Law

October 24, 2007

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Registering foreign LLC Artsy Abode Boutique, LLC

Gentlemen:

Pursuant to your instructions to register a foreign limited liability company to transact business in Florida, enclosed please find the following;

Artsy Abode Boutique, LLC – cover letter, Application, Certificate of Designation of Registered Agent/Registered Office, Certificate of Good Standing, and our firm check in the amount of \$155.00.

Please be advised that according to their website (<u>www.state.de.us/corp</u>) the State of Delaware no longer uses a raised seal in their certifications as of July 1, 2006.

Please forward your letter of acknowledgement and certified copy to me at your earliest convenience.

Please do not hesitate to contact my office if you have any questions.

Sincerely,

BOVAY, COOK & OSSI, P.A.

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enclosures

cc: Robert Lytle

#### COVER LETTER

| •           | gistration Section vision of Corporations  |  |  |
|-------------|--|--|--|
| SUBJEC'     | $\Gamma$ : ARTSY ABODE BOUTI   | QUE, LLC   |  |
|             |  | of Limited Liability Company)  |  |
| Florida,"   |  | ted Liability Company for Authorization to Transak are submitted to register the above referenced for orida  |  |
| Please ret  | urn all correspondence concerning  | g this matter to the following:  |  |
| •           | JOHN C. BOVAY, ESQU  | IRE  | •                                      |
|             |  | (Name of Person)   | _ 01                                   |
|             | BOVAY, COOK & OSSI,  | P.A.   | OCT 2                                  |
|             |  | (Firm/Company)   | - SEE - E                              |
|             | 901 N.W. 57th STREE  | Т  | OT OCT 25 MID: 51                      |
|             |  | (Address)  |  |
|             | GAINESVILLE, FLORID  |  |  |
|             | (  | City/State and Zip Code)   |  |
| For further | r information concerning this mat  | ter, please call:  |  |
| J           | OHN C. BOVAY   | at ( 352 ) 331-9092  | ··                                     |
|             | (Name of Person)   | (Area Code & Daytime Telephone Nu  | ımber)                                 |
| Di<br>P.    | AILING ADDRESS: vision of Corporations O. Box 6327 illahassee, FL 32314                      | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |
|             | is a check for the following amou<br>\$125.00 Filing Fee \$\square \\$130.00 Filing<br>Certi | g Fee & XX \$155.00 Filing Fee & 🔲 \$160.00 Filing F   | ee, Certificate<br>is & Certified Copy |

## 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: ARTSY ABODE BOUTIQUE, LLC (Name of Foreign Limited Liability Company) DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) MARCH 20, 2007 "perpetual" (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2711 Centerville Road, Suite 400 Wilmington, DE 19808 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here XX 9. The name and usual business addresses of the managing members or managers are as follows: GO FISH INVESTMENTS, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 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.) any lawful purpose. 11. Nature of business or purposes to be conducted or promoted in Florida:

Typed or printed name of signee

JOHN C. BOVAY, ESQUIRE

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.)

# 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:  |   |             |      |
|--|---|--|---|-------------|------|
| ARTS   | Y ABODE BOUTIQUE, LLC   |  |   | <del></del> |      |
| 2. The name an   | d the Florida street address of the   | ne registered agent and of   | fice are:   |             |      |
|  | JOHN C. BOVAY   |  | and . a   | 97          |      |
|  |   | (Name)   |   | BC7         | <br> |
|  | 901 N.W. 57th STREET  |  | 经型  | 25          | 邑    |
|  | Florida Street Address  | (P.O. Box NOT ACCEPTABLE)  |   | 至三          |      |
|  | GAINESVILLE   | FL 32605   | LORID   | AH IO: 52   |      |
|  |   | City/State/Zip   |   | 1           |      |
| liability company<br>agent and agree<br>relating to the pr | med as registered agent and to ac<br>y at the place designated in this o<br>to act in this capacity. I further<br>roper and complete performance<br>y position as registered agent as | certificate, I hereby accept<br>agree to comply with the p<br>of my duties, and I am fam | the appointment as regi<br>rovisions of all statutes<br>niliar with and accept th | istered     |      |

| \$ 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 "ARTSY ABODE BOUTIQUE, 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 TENTH DAY OF OCTOBER, A.D. 2007.





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AUTHENTICATION: 6063538

DATE: 10-10-07

Harriet Smith Windsor, Secretary of State