

M08000002880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

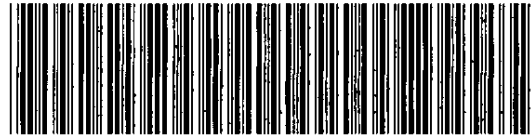
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JUN 18 2008

EXAMINER



200131165852

06/17/08--01020--021 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 17 AM 11:14



June 12, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Certificate of Existence for Organized Living, LTD, an Ohio LLC

Dear Sir or Madam:

Attached to our Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida please find an electronic Certificate of Existence from the State of Ohio.

At the bottom of this form is a Validation Number that can be used at the Ohio Secretary of State's website (<http://certs.sos.state.oh.us/filecheck.asp>) to verify the authenticity of the seal on the Certificate.

We hope that this will satisfy your request for Question #10 of the Application.

If you have any questions or need additional information, please do not hesitate to contact me at (513) 672-6149.

Sincerely,

A handwritten signature in black ink, appearing to read "Christine", with a long, sweeping horizontal line extending to the right.

Christine L. Thomas
Controller
Organized Living, LTD.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORGANIZED LIVING, LTD. 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:

CHRISTINE THOMAS
(Name of Person)

ORGANIZED LIVING, LTD.
(Firm/Company)

3100 E. KEMPER ROAD
(Address)

CINCINNATI, OHIO 45241
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE THOMAS at (513) 672-6149
(Name of Person) (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:

☐ \$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
TRANSACTION 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:*

1. **ORGANIZED LIVING, LTD. 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **OHIO**

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

3. **20-5975656**

(FEI number, if applicable)

4. **11/27/2006**

(Date of Organization)

5. **PERPETUAL**

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

6. **8/1/2008**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **ORGANIZED LIVING LTD.**

3100 E. KEMPER ROAD, CINCINNATI, OH 45241

(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:

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: **RETAIL SALES OF
STORAGE AND ORGANIZATION PRODUCTS, INCLUDING INSTALLATION OF SAME**


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.)

CHRISTINE L. THOMAS

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 17 AM 11:14

**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:

ORGANIZED LIVING, LTD. LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

KEVIN GLYNN

(Name)

14528 SW 2nd street

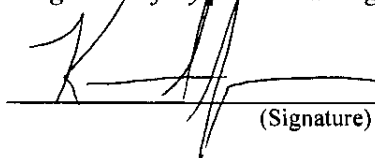
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pembroke Pines 33027

FL

City/State/Zip

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)

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

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ORGANIZED LIVING, LTD., an Ohio Limited Liability Company, Registration Number 1662842, was organized within the State of Ohio on November 27, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of June, A.D. 2008*

A handwritten signature in black ink, appearing to read "Jennifer Brunner", written in a cursive style.

Ohio Secretary of State

Validation Number: V2008154J8D675