M090000 4796

(Requestor's Name) (Address) (Address)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
(City/State/21p/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Solimon Sopies						
Special Instructions to Filing Officer:						
·						
,						





100163277761

12/09/09--01004--019 **130.00

)9 DEC -9 PM 1: 44

SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO ACKHOWLEDGE NOT INTENDED DEPARTMENT OF STATION OF CORPORATION OF CORPORATION

B. KOHR

DEC - 9 2009

EXAMINER



1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

December 9, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7719024 SO

Customer Reference 1: 8650-500 Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Caye Upholstery, LLC (MS) Registration Florida

Caye Upholstery, LLC (MS) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

		ve Upholstery, LLC				
	Name of Limited Liability Company					
he enclosed "Appxistence, and che	plication by Foreign Limited Lizeck are submitted to register the	ability Company for Authorization to above referenced foreign limited liab	Transact Business in Flor ility company to transact b	ida," Certific business in Fl		
lease return all co	orrespondence concerning this n	natter to the following:		r o		
		Wayne Stewart		0 4		
_		Name of Person		090EC -9 PM 1:44		
		Caye Upholstery, LLC		20		
		Firm/Company		72		
	1	201 W. Bankhead Street				
_		Address				
		N M				
_		New Albany, MS 38652 City/State and Zip Code	-	_		
		City/state and Zip Code				
_		eww@cayeindustries.com				
	E-mail address:	(to be used for future annual report n	otification)			
or further inform	ation concerning this matter, ple	ease call:				
	Wayne Stewart	at (662)	534-1522			
	Name of Person	Area Code & Daytime Telepho	one Number			
	G ADDRESS:	STREET ADDRESS:				
	of Corporations ion Section	Division of Corporations Registration Section				
P.O. Box	6327	Clifton Building				
Tallahass	ee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				
inclosed is a cl	heck for the following amo	unt:				
□¢125 ∩	00 Filing Fee \$130.00 Fili	ng Fee & \$155.00 Filing Fee &	≿ \$160.00 Filing Fe	e Certificate		

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: Caye Upholstery, 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.") Mississippi 943416820 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 2-01-2002 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1201 W. Bankhead Street New Albany, MS 38652 (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: Karl Leo - 200 Randolph Ave, Ste 200, Huntsville, AL 35801 Fay Leo - 200 Randolph Ave, Ste 200, Huntsville, AL 35801 Herb Hester - 1201 W. Bankhead Street, New Albany, MS 38652 Ty Hester - 1201 W. Bankhead Street, New Albany, MS 38652^
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: MANUFACTURING OF UPHOLSTERED FURNITURE Signature of a member or an authorized representative of a member.

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.)

WAYNE STEWART - PRESIDENT AND CFO

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:				
	Ca	aye Upholstery	, LLC			
If unavailable, th	ne alternate to be used	in the state of Flo	rida is:			
2. The name and	d the Florida street ad	ldress of the registe	red agent and office a	ıre:		
	CT Corporation System					
	(Name)					
	1200 South Pine Island Road					
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation	FL City/State/	33324			
		Sity, State,	P			

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.

Danny Verdecchia, Jr. Asst. Secretary

\$ 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 Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

CAYE UPHOLSTERY, LLC

Formed February 1, 2002

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND EAST DR STE 101 FLOWOOD MS 39232

and that the registered agent at that address is:

C T CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office December 4, 2009

C. Delbert Hosemann, Jr. Secretary of State

Dellut Hosemann, dr.

Certification Number: 11661845-1 Page 1 of 1 Reference: Joanie Jones-BJ Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp