M1000001360

	•
	(Requestor's Name) 🗥 🖰
	(Address)
	,
	7A
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special instructions to Filing Officer:

L. SELLERS

MAR 2.4 2010

EXAMINER

Office Use Only



100163767321

03/08/10--01084--002 **37.50

01/13/10--01026--009 **87.50

307

10 MAR 23 AM II: 39



RECEIVED

10 MAR -5 PM 3: 43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Division of Corporations

Division OF CORPORATIONS TALLAHASSEE, FLORIDA

February 2, 2010

RAFAEL CALVO 2ND ML 5970 INDIAN CREEK DRIVE #507 MIAMI BEACH, FL 33140

SUBJECT: CALVO DESIGN LLC Ref. Number: W1000002027

We have received your document for CALVO 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):

The form you submitted is for a Forien Corporation name Registration, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 510A00001184



March 10, 2010

RAFAEL CALVO 5970 INDIAN CREEK DRIVE #507 MIAMI BEACH, FL 33140

SUBJECT: CALVO DESIGN LLC Ref. Number: W10000002027

We have received your document for CALVO DESIGN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the NAME of the registered agent on the second page of the application.

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) 245-6967.

Letter Number: 510A00006002

Leslie Sellers Regulatory Specialist II

COVER LETTER

	CALVO DESIGN, L.L.C.
JBJECT:	Name of Limited Liability Company
e enclosed "Application by For	reign Limited Liability Company for Authorization to Transact Business in Florida," Certificat
	ed to register the above referenced foreign limited liability company to transact business in Flo
ease return all correspondence c	concerning this matter to the following:
	Rafael CALVO
	Name of Person
	CALVO DESIGN, LLC
	Firm/Company
	5970 INDIAN CREEK DR # 507
	Address
	LAMI READ EL 23140
	MIAMI BEACH FL 33140 City/State and Zip Code
	·
	WWW. CALVODESIGN. COM
	E-mail address: (to be used for future annual report notification)
r further information concerning	ng this matter, please call:
M PAZ	1. NEEDELMAN at 305 , 473-5040
Name o	1. NEEDELMAN at (305) 673-5040 of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:	
Division of Corporations	
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301
nclosed is a check for the fo	following amount:
\$125.00 Filing Fee [\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy of Status & Certified Copy
	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy of Status & 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:

1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
conse	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ny," "L.L.C," "LLC.")
2	WEW YORK 3. 51 0547257 (FEI number, if applicable)
COI	pany is organized)
4	O6 - 22 - 2005 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.	NOT PRIOR TO REGISTRATION.
<i>J.</i> _	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	5970 INDIAN CREEK DR. #507
	MIAMI BEACH EL 33140
-	MIAMI BEACH FL 33140 (Street Address of Principal Office)
, i -	RAFARL CALVO, 5970 INDIAN CREEK DR., # 507
_	MIAMI BENCH, FL, 33140
the ju transl	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under oath of the translator must be submitted.)
11.	ature of business or purposes to be conducted or promoted in Florida: FURNITURE
_	MANUFACTURING.
	HASS
	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.)
	THATALL LALVO NII W

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.

i. The hame c	the Limited Liability Company is:
	CALVO DESIGN, L.L.C.
f unavailable,	the alternate to be used in the state of Florida is:
,	
2. The name a	nd the Florida street address of the registered agent and office are:
	BAFAEL CALUO
	5970 INDIAN CREEK DR. # 507
	(Name)
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Fiorida Street Address (F.O. Box NOT ACCEPTABLE)
	FI. 33140
	City/State/Zip
iability compa agent and agre elating to the p	amed as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.
)	
	(Signature)
	\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

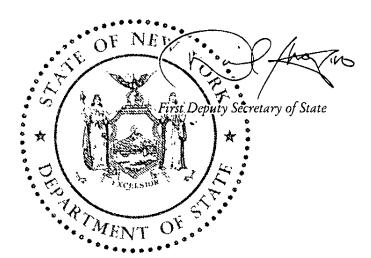
10 MAR 23 AM II: 39
SECRETARY OF STATE

State of New York Department of State } ss:

I hereby certify, that CALVODESIGN, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/22/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of February two thousand and ten.



201002250066 51