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B. BOSTICK
'JUL 19 2012
EXAMINER

12 JUL 18 PH 2: 00
SECRLEARY OF STATE
ALLAHASSEE, FLORINA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: PAINTING WITH FIRE STUDIO, 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:

BARBARA A. LEWIS		
Name of Person		
PAINTING WITH FIRE STUDIO Firm/Company		
2428 CENTRAL AVE.		
Address		
ST. PETERSBURG, FL 33712		
City/State and Zip Code		
blewis@md.metrocast.net		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
BARBARA A. LEWIS at (727) 498-6409	PH 2: 00	-
Name of Person Area Code & Daytime Telephone Number	00	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy}\$ S160.00 Filing Fee, Certified Copy Of Status & Certified Copy		

A Hention: Barbara - Thankyow!

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. PAINTING WITH FIRE STUDIO, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability
2. MARYLAND (Inrisdiction under the law of which foreign limited liability company is organized) 3.	45-4270085 (FEI number, if applicable)
4. 11/30/11 5. (Date of Organization)	PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 2428 CENTRAL AVE, ST. PETERSBU	JRG, FL 33713
(Street Address of	Frincipal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the management	ging members or managers are as follows:
	MC D M
	1 2: (1 0 R
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: ENAMELING EDUCATION,
RETAIL SALES OF ENAMELING TOO	OLS AND SUPPLIES
(In accordance with section 608.408(3), F.S., the execut penalties of perjury that the facts stated herein are true	norized representative of a member. tion of this document constitutes an affirmation under the I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
BARBARA A. LEWIS	

Typed or printed name of signee

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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.

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)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PAINTING WITH FIRE STUDIO LLC, REGISTERED NOVEMBER 30, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 13, 2012.

Paul B. Anderson Charter Division

Faul B. Under

SECKLIARY OF STATE TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097



July 18, 2012

BARBARA A. LEWIS 2428 CENTRAL AVENUE ST. PETERSBURG, FL 33712

SUBJECT: PAINTING WITH FIRE STUDIO, LLC

Ref. Number: W12000038182

We have received your document for PAINTING WITH FIRE STUDIO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 512A00019131