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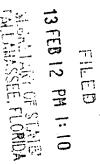
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K. SALY EXAMINER

FEB 1 3 2013

CR2E027 (9/10)

COVER LETTER

-	TI State St	
JBJECT:	The share se	Name of Limited Liability Company
ne enclosed "A	Application by Foreign Limited Li	ability Company for Authorization to Transact Business in Florida," Certificate above referenced foreign limited liability company to transact business in Florida.
ease return all	correspondence concerning this t	· · · · · · · · · · · · · · · · · · ·
	Ron Maggin	Name of Person Co/C Firm/Company
		Name of Person
•	The Shade St	to/e
		Firm/Company
	21 Abendroth	Address NY 10573 City/State and Zip Code
		Address
	Port Chester	, NY 10573
		City/State and Zip Code
	ron@theshad	le Store. Com
	E-mail address	s: (to be used for future annual report notification)
or further info	rmation concerning this matter, pl	ease call:
Ro	on Maggin	at 212 645-2424 ext 213
	Name of Person	Area Code & Daytime Telephone Number
MAIL	ING ADDRESS:	STREET ADDRESS:
Divisio	on of Corporations	Division of Corporations
_	ration Section	Registration Section
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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. The Shade Store 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. New York (Jurisdiction under the law of which foreign limited liability) 3. 20-2342010 (FEI number, if applicable)
company is organized)
4. 2 16 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2 Abendroth Ave
Port Chester, NY 10573 (Street Address of Principal Office)
(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:
Greg Spatz, S/o The Shade Store
21 Abond roth Ave
Port Chester, Ny 10573
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:
Distribution of Window Treatments
My M
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Greg Spatz Typed or printed name of signee
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.

The name of the Limited Liability Company is: THE SHADE STORE, LLC			
If unavailat	ole, the alternate to be used in	the state of Florida is:	
2. The nair	ne and the Florida street addre	ss of the registered agent and office are:	
	Corporation Service Comp	pany	
	(Name)		
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301	
	V	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.

Corporation Service Company

By: Tracy Lourn A. V. P.

(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 New York Department of State } ss:

I hereby certify, that THE SHADE STORE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/16/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of February two thousand and thirteen.

First Deputy Secretary of State