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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Office Use Only



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MAY 21 2014.







May 9, 2014

KAREN PICCIANO 11 VALLEY RD GLEN COVE, NY 11542

SUBJECT: CARINA P DESIGN LLC

Ref. Number: W14000026896

We have received your document for CARINA P 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):

You failed to make the correction(s) requested in our previous letter.

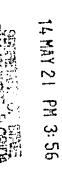
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 614A00010025





April 29, 2014

KAREN PICCIANO 11 VALLEY RD GLEN COVE, NY 11542

SUBJECT: CARINA P DESIGN LLC

Ref. Number: W14000026896

We have received your document for CARINA P 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

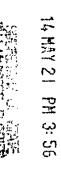
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 114A00009063



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARINA P DESIGN 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:
MARKN PICCIBNO Name of Person
CARINA POESIGN LLC
11 VALLEY TZD
Clery/State and Zip Code
CATINA P DESIGN & OPTONLINE . NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KAREN PICCIAND at (516) 313 6750 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: ■\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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1	(Name of Foreign	Limited Liability C	Company; must	include "Limite	d Liability Con	ipany," "L.L.C.,"	or "LLC.")		
	KP	CARI	NA	DES	16N	LLC			
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2. (Jurisdicompa	ction under the law of uny is organized)	which foreign limit	ted liability	_ 3	27 (FE	- /75 I number, if app	SOS (licable)	7	
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
CATINA P DESIGN LLC
If unavailable, the alternate to be used in the state of Florida is:
KP CARINA DESIGN LIC
2 The name and the Florida street address of the registered agent and office are:
Karen Picciano Karen Picciano
(Name)
16 500 COLLINS AVE UNIT 2059 Florida Street Address (P.O. Box NOT ACCEPTABLE)
SUNNY JSLES BRACH FL 33160 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 605, 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 New York **} ss: Department of State**

I hereby certify, that CARINA P. DESIGN, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/11/2010, 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 09th day of April two thousand and fourteen.

Continy Scardina

Executive Deputy Secretary of State