# M14000004916

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
(Only Otate/Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300261783163

07/11/14--01004--019 \*\*160.00



#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

Byck Designs, 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 ma	atter to the following:
Tunku Alina Alia	as
	Name of Person
Byck Designs, I	LLC
	Firm/Company
10155 Collins A	ve, Apt 1104
<del></del>	Address
Bal Harbour, Fl	_ 33154
<del></del>	City/State and Zip Code
tunkualina@gm	ail.com
<del>_</del>	(to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Tunku Alina Alias	at (917 ) 9919463
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amou	ınt:

□ \$155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A

(If name unavailable, enter alternate name adopted for the purpose of transacting business is Liability Company," "L.L.C," or "LLC.")	n Florida. The alternate nam	e must includ	de "Limit
<sub>2.</sub> New York 3. 46-181	7813	<del> </del>	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
<sub>4.</sub> n.a.			
(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	egistration.) enalty liability)		
<sub>5.</sub> 10155 Collins Ave, Apt 1104			
Bal Harbour, FL 33154	, ,		
(Street Address of Principal Office)		H	<del></del> ,
<sub>5.</sub> 10155 Collins Ave, Apt 1104			
Bal Harbour, FL 33154	Ê	554 5	•
(Mailing Address)			
7. The name, title or capacity and address of the person(s) who has/	have authority to mar	nage is/are	e:
David Richard Byck, Member			<u>-</u>
Tunku Alina Alias, Member			
both of 10155 Collins Ave, Apt 1104, Bal	Llaulaaruu III (	00454	

al 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)



(In accordance with section 605,0203, 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.)

David Richard Byck

Typed or printed name of signee

### 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:

Byck Designs	s, LLC		
If unavailable, the altern	ate to be used in the state of Florida is:		واست ماري سيد
2. The name and the Flo	orida street address of the registered agent and office are:	1 1 2 1 1	
Dav	id Richard Byck	n o Car	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
<del></del>	(Name)	5/29	, n
101	55 Collins Ave, Apt. 1104		
<del></del>	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Bal Ha	rbour 33154 FL 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.



\$ 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 BYCK DESIGNS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/10/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



TA JULI I PH L: LS

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of May two thousand and fourteen.

Autiny Sicidina

Executive Deputy Secretary of State