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### Foreign Limited Liability Company Lakshmi Interiors, LLC

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## H14000 2205543 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 FOREIGN

Lakshmi Interiors, LLC	ACT BUSINESS EVIPLE STATE	OF PLOKULA	
(Name of Foreign Limited Liability	Company; must include Lin	ited Liability Company." "L.L.C	.," or "LLC(")
(If name unavailable, enter alternate name consent of the managers or managing mem Company," "L.L.C." "LLC.")	adopted for the purpose of tra ibers adopting the alternate nai	nsacting business in Florida and a ne. The alternate name must incl	artach a copy of the written ude "Limited Liability
Hawaii 2.	3.	806461	
(Jurisdiction under the law of which for company is organized)	aign limited liability	(FEI number, if applica	ble)
June 14, 2014 4.	•		,
(Date first tran	usacted business in Florida, if 05,0904 & 605,0905, F.S. to d	prior to registration.) etermine penalty liability)	
3330 Fairchild Gardens Ave. # 32273.		* *	
5			
	(Street Address of Princ	ind Office)	
3330 Fairchild Gardens Ave. # 32273,	,		
	, t ann beach cardons, 1 lorra		<del> </del>
	(Mailing Addre	989)	
7. The name, title or capacity and	address of the person(s) v	who has/have authority to in	nanage iš/are: 🛱
Member: Andrea Lecusay, 3410 Wate	•	•	SS 79
Monoci. I Malea Decasay, 5 110 Was			
		÷	<b>高新之</b>
			<b>最高</b>
8. Attached is an original certificate of exist	ence, no more than 90 days old	, duty authenticated by the official	having custody of records
in the jurisdiction runder the law of which it:	is organized. (A photocopy is r		
translation of the certificate under oath of the	translator must be submitted.)		
Ra	lua Decusary Signature of an author		
	Signature of an autho	rized person	_
(In accordance with section 6	05.0203, F.S., the execution of th	is document constitutes au affirmati	
		aware that any false information a degree felony as provided for in	
Andrea Lecusa			
·	Typed or printed name	of signee	

# #140002205543 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 th	e Limited Liability Com	pany is:		
Lakshmi Interiors, Ll	LC			
If unavailable, the	alternate to be used in th	ne state of Florida is:		
2. The name and t	the Florida street address	s of the registered agent and office are:	age many many many many many many many many	
В	usiness Filings Incorporated			
		(Name)	SEP AHA	
5	15 E. Park Avenue		358.00 A.W.W.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Т	allahassee	32301 FL	STARE LURIDA	
_		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.

(Simornia)

Mark Williams, A.V.P., Business Filings Incorporated

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

H140002205 543



### Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

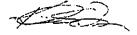
LAKSHMI INTERIORS, LLC

was organized under the laws of the State of Hawaii on 11/22/2005; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 19, 2014



Director of Commerce and Consumer Affairs

To check the authenticity of this certificate, please visit: http://hbe.ehawaii.gov/documents/authenticate.html Authentication Code: 218852-COGS\_PDF-41234C5

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