

15000001858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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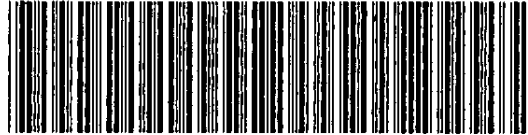
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers MAR 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLEUROLOGY PRODUCTS 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:

EVAN LEFFERTS

Name of Person

FLEUROLOGY PRODUCTS LLC

Firm/Company

1289 CLINT MOORE RD

Address

BOCA RATON FL 33487

City/State and Zip Code

EVANLEFFERTS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVAN LEFFERTS

Name of Contact Person

at (**561**) **893-0008**

Area Code

Daytime Telephone Number

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

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. **FLEUROLOGY PRODUCTS 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **NEW YORK**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **80-0728293**

(FEI number, if applicable)

4. **JAN 2015**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1289 CLINT MOORE RD**

BOCA RATON FL 33487

(Street Address of Principal Office)

6. **1289 CLINT MOORE RD**

BOCA RATON FL 33487

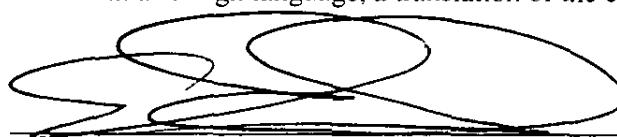
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

EVAN LEFFERTS MGR

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

8. 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)



Signature of an authorized person

(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.)

EVAN LEFFERTS

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:

FLEUROLOGY PRODUCTS LLC

If unavailable, the alternate to be used in the state of Florida is:

FLEUROLOGY LLC

2. The name and the Florida street address of the registered agent and office are:

EVAN LEFFERTS

(Name)

1289 CLINT MOORE RD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

BOCA RATON

FL 33487

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)

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CLERK OF CIRCUIT COURT
PALM BEACH COUNTY
FLORIDA

State of New York
Department of State } ss:

I hereby certify, that FLEUROLOGY PRODUCTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/23/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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15 FEB 27 AM 11:56
DEPARTMENT OF STATE
ALBANY, NEW YORK

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of February two
thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State