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DEPARTMENT OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DAVId +. Gitten Corpet installation, 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:
David Her Giter Name of Person
Firm/Company
5713 Ook Krul LU midlothian
Midlothia Co., 231/2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 Acr Girler at (801) 386-858 Area Code Daytime Telephone Number 3
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Cifton Building 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

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. Gitten, David Girten Comet installation 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. (Jurisdiction under the law of which foreign limited liability company is organized)  3. 80-0299357  (FEI number, if applicable)
4. Up for Outal Fix transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.
(Street Address of Principal Office)
6.4390 uest Robos Beive
west Palm Beach Florida. 33407
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
5713 Oak Knoll Lu midlothair UC.
23112
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
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.)
David Her Girten
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:	
David L. Girten Carpet installation	, LC
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are	:
D. Her Girlen (Name)	
4390 west Road Dr. Florida Street Address (P.O. Box NOT ACCEPTABLE)	
West Palm Beachel 3340	7
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with a statutes relating to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent as provided for in Chapter Statutes.	pointment as the provisions of all amiliar with and
(Signature)	<b>15</b> ARR
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	LED M 9

## Commonboealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

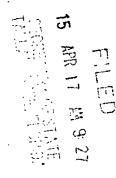
### I Certify the Following from the Records of the Commission:

That Girten David T Carpet installation LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 18, 2008; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: April 17, 2015

Joel H. Peck, Clerk of the Commission

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