M15000 007711

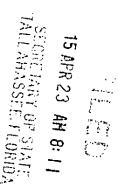
(Requestor's Name)					
(Address)					
(Address)					
(law ess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
,					
(Document Number)					
(Decument Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Grandin management					
,					

Office Use Only



800271960078

04/24/15--01025--002 **125.00



A SAMS AND A DOME

COVER LETTER

CHD II	atelier temenos lic			
SUBJE		e of Limited Liability Company		
		ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida		
Please 1	return all correspondence concerning this ma	tter to the following:		
	James Kishlar			
		Name of Person		
	atelier temenos Ilc			
Firm/Company				
	3505 Wildwood Cr			
Address				
	Miami, Fl 33133			
		City/State and Zip Code		
	ateliertemenos@gmail.con	n		
	E-mail address:	(to be used for future annual report notification)		
For furt	ther information concerning this matter, pleas	se call:		
	James Kishlar	305 213 6473		
	Name of Contact Person	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		
Enclos	sed is a check for the following amou ■ \$125.00 Filing Fee □ \$130.00 Filing Certificate of	g Fee & \$\Bigsim \$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate		

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: atelier temenos Ilc (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.") Missouri LC1408251 2. (Jurisdiction under the law of which foreign limited liability company is organized) 03.13.2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3505 Wildwood Cr, Miami, Fl 3313 (Street Address of Principal Office) 3505 Wildwood Cr, Miami, Fl 33133 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James Kishlar, managing partner, 3505 Wildwood Cr. Miami, Fl. 3313 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.) James Kishlar

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 atelier teme	of the Limited Liability Compenis IIc	oany is:			
If unavailable	e, the alternate to be used in th	e state of Florida is:			
2. The name	and the Florida street address James Kishlar	of the registered agent and office are:			
	(Name)				
	3505 Wildwood cr.		TALCAN	15 APR	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			> 	Eweca "
	M iami	33133 FL	NY OF	3 AM	gerae Emperi
		City/State/Zip	₩07 ₩13	8: 2	Usaning Lange

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 MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Atelier Temenos, LLC LC1408251

was created under the laws of this State on the 10th day of June, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of April, 2015.

Secretary of State

Certification Number: CERT-04102015-0044

