M1500000 7845

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000235159 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Foreign Limited Liability Company KELLY ROSEN DESIGN LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$155.00	

H150002351593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Limited Liability Company					
					ansact Business in Florida," Certificate y company to transact business in Flori	
Please return all o	orrespondence	concerning this matter to the	following:			
		Me	ilssa Gubier		_	
		N	ame of Person			
		InCor	p Services, Inc	•		
		F	irm/Company		· · · · · · · · · · · · · · · · · · ·	
2360 Corporate Circle, Suite 400						
			Address			
		Henderso	on, NV 89074-7	739		
,	<u> </u>	City/S	state and Zip Code			
			nts@incorp.co			
		E-mail address: (to be use	d for future annual	report no	tification)	
For further inform	ation concerni	ng this matter, please call:				
Melissa Gub	ler on behalf d	of InCorp Services, Inc.	702 at (866-2	500	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
Division Registrat P.O. Box	of ADDRESS of Corporation ion Section 6327 see, FL 32314		<u> </u>	Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section suilding exutive Center Circle see, FL 32301	
Enclosed is a chec	k for the follow 10 Filing Fee	ving amount: \$\square\$\square\$130,00 Filing Fee & Certificate of Status	■ \$155.00 Filis Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

H150002351593



October 1, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORP SERVICES INC

SUBJECT: KELLY ROSEN DESIGN LLC

REF: W15000065197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000235159 Letter Number: 515A00020717

RECEIVED
15 SEP 31 MII: 03

P.O BOX 6327 - Tallahassee, Florida 32314

CP 81667000 C1H

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

	TION 6050902, FLORIDA STATUTES, THE FOLLO ISINESS INTHE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTER A FOREIGN	LIMITED LIABILITY
1. KELLY ROSEN DE		imited Liability Company," "L.L.C.," or "LLC.")	
(4		inner Harring wonight, y	
(If name unavailable, enter al Liability Company," "L.L.C.	ternute name adopted for the purpose of transacti "or "LLC.")	ng business in Florida. The alternate name must inc	ude "Limited
2. New York	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Registration			and a / 😕
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. te	o delermine penalty liability)	
5. 200 Avenue of the	Americas #2		
New Year NV 400	40		
New York, NY 100	(Street Address of Principal Off	icr)	Ma _ 13
6. 120 East 23rd Stre	et, #4052	·	
Now Varie MV 400	10		op op
New York, NY 100	(Mailing Address)		# 5 T
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	OT acceptable)	,
	InCorp Services, Inc.		
Name:		· ·	
Office Address:	17888 67th Court North		
	Loxahatchee	, Florida 33470	
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of proc tion, I hereby accept the appointment as rep	ess for the above stated limited liability compa- gistered agent and agree to act in this capacity complete performance of my duties, and I am Melissa Gubler on behalf of inCorp Se signature)	o. I further agree of familiar with and
8. The name, title or capa	icity and address of the person(s) who has/ha	ive authority to manage is/are:	
=	200 Avenue of the Americas #2, New Yo		
· · · · · · · · · · · · · · · · · · ·			
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certificate is	authenticated by the official having custody of in a foreign language, a translation of the certificated person	records in the case under oath
This document is executed submitted in a document to	in accordance with section 605,0203 (1) (b), the Department of State constitutes a third d	Florida Statutes. I am aware that any false info egree felony as provided for in s.817.155, F.S.	rmation

H150002351593

Typed or printed name of signee

Kelly Rosen

H150002351593

State of New York Department of State } ss:

I hereby certify, that KELLY ROSEN DESIGN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/03/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of September two thousand and fifteen.

H15000235/593

Executive Deputy Secretary of State