M 16000000 aa87

(Requestor's Name)
•
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300283336043

03/17/16--01015--008 **155.00

16 HAR I 7 PM 4: 36
SECRETANT OF STATE
TAIL ANASSEE, FLORIDA

HAR 18 2016 J. HARRIS



March 14, 2016

Division of Corporations Registration Section PO Box 6327 Tallahassee FL 32314

RE: L'Raye Designs LLC

To whom it may concern:

Enclosed are One (1) original and One (1) copy of the Application by Foreign Limited Liability Company for Authorization to transact Business in Florida. A check in the amount of \$155 for the filing fee and certified copy.

Once filed, please email to Danielle@sageintl.com and return in the enclosed selfaddressed envelope to:

> Attn Danielle Henriksen Sage International, Inc. 1135 Terminal Way Ste 209 Reno NV 89502

We appreciate your prompt attention to this matter. If you have any questions, please contact me by phone.

Ţhank you,

Business Support Specialist

Charles to the Commerce of the March of the Commerce of the Section of the Commerce of the Com

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	L'Raye Designs LLC
	Name of Limited Liability Company
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please 1	turn all correspondence concerning this matter to the following:
	DANIELLE HENRIKSEN
	Name of Person
	SAGE INTERNATIONAL, INC.
	Firm/Company
	1135 TERMINAL WAY STE 209
	Address
	RENO NV 89502
	City/State and Zip Code
	DANIELLE@SAGEINTL.COM
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Danielle Henriksen 775 786-5515
	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
Enclose	is a check for the following amount: \$\Pi\$ \$125.00 Filing Fee \$\Pi\$ \$130.00 Filing Fee & Certificate of Status \$\Pi\$ \$155.00 Filing Fee & Pi \$160.00 Filing Fee, Certificate of Status \$\Pi\$ 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: L'Raye Designs LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (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.") Nevada (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4029 Henderson Blvd Tampa FL 33629 (Street Address of Principal Office) 4029 Henderson Blvd Tampa FL 33629 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Rd Office Address: Plantation (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature 8. The name, title or capacity and address of the person(s) who has/nave authority to manage is/are: C.T.V. Capital LI.C, Member, 1135 Terminal Way Ste 209 Reno NV 89502 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Signature of an authorized person

CLYRENCE I_ BUIL MANAGINE AUSTIBUL

Typed or printed name of signee

MANGELUG MEMBER

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, L'RAYE DESIGNS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 8, 2016, and is in good standing in this state.

STAN OF THE STAN O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 14, 2016.

Ballona K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160314-2044
You may verify this electronic certificate
online at http://www.nvsos.gov/