# 1/1600000267/

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Mgr W16-19863 Office Use Only						
/ Office Use Only						



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K.SALY EXAMINER MAK 31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLEASE FIND ATTACHED MUDIFIED

POCUMENT,
THINK YOU!

March 16, 2016

JULIANNE FORD JULIE FORD DESIGNS, LLC P.O. BOX 2364 BLUE RIDGE, GA 30513

SUBJECT: JULIE FORD DESIGNS, LLC
Ref.: Number: W16000019863

We have received your document for JULIE FORD DESIGNS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00005481

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## COVER LETTER

TO:	Registratio Division of	n Section Corporations	ı						
SUBJE		ord Designs, L	LC						
			Name of L	imited Liability (	Company				
			ign Limited Liability Comp to register the above refere						
Please	return all corr	espondence co	ncerning this matter to the	following:					
	Jul	ianne Ford							
	Name of Person								
	Julie Ford Designs, LLC								
	Firm/Company								
	Post Office Box 2364								
	Address								
	Blue Ridge, GA 30513								
	City/State and Zip Code julie@julieforddesigns.com								
		E-mail address: (to be used for future annual report notification)							
For fur	ther informati	on concerning	this matter, please call:						
	Julie Ford		•	407 at (	310-823	7	_		
	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	ed is a check i □ \$125.00	for the following Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co			

# 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. Julie Ford Designs, LL				
(Name of Fore	eign Limited Liability Company; mus	st include "Limited Liabi	lity Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose," or "LLC.")	e of transacting business	in Florida. The alternate nan	ne must include "Limited
2. Georgia		3. 81-1607583		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	1
4. No transaction of busin	ness in Florida prior to this filing			
	(Date first transacted busine (See sections 605,0904 & 605.	ess in Florida, if prior to a .0905, F.S. to determine	egistration.) penalty liability)	-
5. 152 Orvin Lance Drive	e, Suite B			200
Blue Ridge, GA 30513	3			2016 15
	(Street Address of I	Principal Office)		7 29
6. PO Box 2364			<u></u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Blue Ridge, GA 30513	3			PR 12: 28
·	(Mailing /	Address)		- 2:2
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accepta	ble)	C#
Name:	John Paul Ford	_		
Office Address:	252 Citrus Ridge Drive			
	Davenport		. Florida <sup>33837</sup>	
	(City)		(Zip code)	-
designated in this applica to complywith the provisi accept the obligations of the	egistered agent and to accept servation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regist acity and address of the person(s)	tment as registered ag proper and complete p lered agent's signature)	ent and agree to act in th performance of my duties	is capacity. I further agree
	ERM MANAGER	wito has/have authorn	y to manage is/arc.	
P.O. Box 2364	er-Activitions			<u></u>
Blue Ridge, GA 30513				
	<del></del>			
	Silianne			
	d in accordance with section 605.0 o the Department of State constitu		ry as provided for in s.817	

Typed or printed name of signee

Control Number: 16017933

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia do hereby certify under the seal of my office that

# Julie Ford Designs, LLC

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed

Jurisdiction Print Date

Form Number

: 12868456

: 02/26/2016 : Georgia

: 03/02/2016

:211



B: P. Kemp

Secretary of State