

M16000010433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

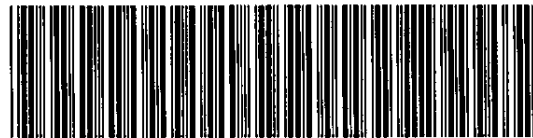
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W116-82240

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12/06/16--01010--018 \*\*160.00

FILED  
2016 DEC 29 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

DEC 30 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2016

GERI BLAESER  
GERI'S ACCOUNTING LLC  
27670 BEAVER DAM DR.  
PEQUOT LAKES, MN 56472

SUBJECT: IF THE SHOE FITS, LLC  
Ref. Number: W16000082240

*All alternate*

We have received your document for IF THE SHOE FITS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P05000158182 "IF THE SHOE FITS, INC.".

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), Authorized Person (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: 916A00026170

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** If the Shoe Fits 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:

Geri Blaeser

\_\_\_\_\_  
Name of Person

Geri's Accounting LLC

\_\_\_\_\_  
Firm/Company

27670 Beaver Dam Drive

\_\_\_\_\_  
Address

Pequot Lakes Mn 56472

\_\_\_\_\_  
City/State and Zip Code

gerisaccounting@tds.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geri Blaeser

218

821-4539

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
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. If the Shoe Fits, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Skip in your Step 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.")
2. Minnesota  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1705742  
(FEI number, if applicable)
4. January 1, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Flamingo Island Flea Market 11902 Bonita Beach Rd  
Bonita Springs Fl 34135  
(Street Address of Principal Office)
6. 8385 Big Acorn Circle #201  
Naples Fl 34119  
(Mailing Address)

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Michelle Hinton
- Office Address: 8385 Big Acorn Circle #201  
Naples Fl 34119, Florida  
(City) (Zip code)

**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 comply with 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.*

Michelle Hinton  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michelle Hinton, 8385 Big Acorn Circle #201, Naples Fl 34119 SOLE MEMBER

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)

Michelle Hinton  
Signature of an authorized person

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.

Michelle Hinton

Typed or printed name of signee

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	If the Shoe Fits LLC
Date Filed:	03/07/2016
File Number:	877259800024
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/29/2016



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

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TALLAHASSEE, FLORIDA

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