M1700000983

(Re	questor's Name)	
(Ad	dress)	
	ldress)	
(//u	uiess)	
(Cit	ty/State/Zip/Phone#	f)
		_
PICK-UP	WAIT	MAIL
/Pu	siness Entity Name	
ud)	isiness Entity Name	;)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





300293875833

01/23/17--01043--011 **125.00

17 FEB -2 PN 2: 10

LEBO3 PENT ARRIS

COVER LETTER

4

1

	Registration Section Division of Corpora				
SUBJEC	Bill's Flooring &				
		Name of	Limited Liability Comp	any	
				to Transact Business in Florida," Certificate ability company to transact business in Flor	
Please re	eturn all corresponder	nce concerning this matter to the	following:		
	William Ar	nold			
		N	ame of Person		
	Bill's Floor	ing & Blinds LLC			
		F	irm/Company		
	18880 Jolso	on Ave #3			
			Address		
	Boca Rator	r FI 33496			
	•	City/S	tate and Zip Code		
	billsblindsco	@gmail.com			
		E-mail address: (to be use	d for future annual repo	rt notification)	
For furth	er information conce	rning this matter, please call:			
	William Arnold		561 31	34740	
	Nar	ne of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327	ions	Divi Reg Clift	REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle	
	Tallahassee, FL 3231	T		ahassee, FL 32301	
	l is a check for the foi \$125.00 Filing Fe		☐ \$155.00 Filing Fee Certified Copy	e & \$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2017

WILLIAM ARNOLD 18880 JOLSON AVE #3 BOCA RATON, FL 33496

SUBJECT: BILL'S FLOORING & BLINDS LLC

Ref. Number: W17000006861

LL AHASSEE, ILLORIDA AND C

We have received your document for BILL'S FLOORING & BLINDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.
- The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00001533

- SPRICE TO YOUR OFFICE.
- MALLED 1/30/17.

17 FEB -2 PM 9: In

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:

If name unavailable, enter a liability Company," "L.L.C	alternate name adopted for the purpor	se of tra	insacting busin	ess in Florida. The	alternate name	must include	Limited
Colorado	,	3	46-1003941				
	v of which foreign limited liability	Э.	******	(FEI number, i	f applicable)		
	(Date first transacted busin (See sections 605.0904 & 605	ess in F 5.0905,	lorida, if prior F.S. to determi	to registration.) ne penalty liability)			
							
18880 Jolson Ave #3							
	(Street Address of	-					
18880 Jolson Ave #3							
	(Mailing	Addres	s)		·	17	1 in
. Name and street addre	ss of Florida registered agent: (P	O. Bo	x NOT acce	otable)		27.4	
Name:	William Arnold					2-5	97
							~~~~
Office Address:	18880 Jolson Ave #3			_		3	2 X8
Office Address:	Boca Raton			— Florida ³³⁴⁹	96		JRPORAT
egistered agent's acce	Boca Raton (City)	vice of	process for I	, Fiorida(Z	Zip code)	o company	JRPOKATION OF the plan
degistered agent's acceptaving been named as resignated in this applicate complywith the provise concept the obligations of the name, title or captage of the name, title or captage in the name	Boca Raton  (City)  ptance: egistered agent and to accept ser ation, I hereby accept the appoin ions of all statutes relative to the my position as registered agent.	proper tered ag	as registered r and comple	the above stated li agent and agree te performance o	Cip code) imited liabilit to act in this f my duties, a	capacity. I j	urther a
Registered agent's acceptaving been named as relessing the application complywith the provising the obligations of the complywith the provising the obligations of the obligations of the name, title or captaing the complywith the or captain the complywith the context of the captain the context of the captain the capta	Boca Raton  (City)  ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regis	proper tered ag	as registered r and comple	the above stated li agent and agree te performance o	Cip code) imited liabilit to act in this f my duties, a	capacity. I j	urther a
Registered agent's acceptor of the complywith the provision of the complywith the complex that the complex the complex that the comp	Boca Raton  (City)  ptance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regis	proper tered ag	as registered r and comple	the above stated li agent and agree te performance o	Cip code) imited liabilit to act in this f my duties, a	capacity. I j	urther a

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. William Arnold

Typed or printed name of signee

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Bill's Flooring & Blinds LLC

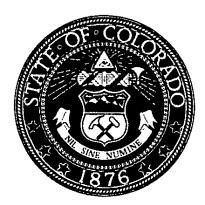
is a

#### Limited Liability Company

formed or registered on 09/17/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121508658.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/04/2016 that have been posted, and by documents delivered to this office electronically through 11/08/2016 @ 13:03:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/08/2016 @ 13:03:28 in accordance with applicable law. This certificate is assigned Confirmation Number 9919117



Norman Williams

Secretary of State of the State of Colorado

**End of Certificate *****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."