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J. HARRIS

COVER LETTER

	of Corporations
SUBJECT:	Via Design LLC Name of Limited Liability Company
	Name of Limited Liability Company
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all c	orrespondence concerning this matter to the following:
	Orelea K. Perrau H Name of Person
	Name of Person
	Via Design UC
	95 Market St. Manchester NH 03101
	Address
	City/State and Zip Code
_	V1ades @ cowast. ret E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
1,	00 Percault 11 (603) 4-98, 2299
	Name of Contact Person Area Code Daytime Telephone Number
	G ADDRESS: STREET ADDRESS:
	of Corporations Division of Corporations Registration Section
P.O. Box	
Tallahass	see, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
	ek for the following amount:
\$125,0	00 Filing Fee \$\sum_{\text{\$130.00}} \text{Filing Fee & } \sum_{\text{\$155.00}} \text{Filing Fec & } \sum_{\text{\$156.00}} \text{Filing Fec & } \text{\$160.00} \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{of Status & Certified Copy}

Hello Jenna,

Enclosed please find a print-out of the Certificate of Good Standing on file with the Secretary of Glote's office in Non-Hampshire.

is an hoping that the receipt of this document will allow me to move forward in Florida with the business mance of Vio Degign UC

Place let me know if you need anything silve hank you

Oul Onard ---



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2017

ORELEE K PERRAULT 95 MARKET ST MANCHESTER, NH 03101

SUBJECT: VIA DESIGN LLC Ref. Number: W17000063114



We have received your document for VIA DESIGN LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Letter Number: 117A00015612

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

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

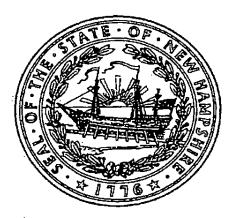
IN COMPLIANCE WITH SECTION O		FOLLOWING IS SUBMITTED TO REG	ISTER A FOREIGN TIMITED LIABILITY
LVia_I	Design UC	nted Liability Company," "L.L.C.," or "LLC	, m
ViaDesia	n UC (one)	word)	
2 New Hamps	ingn limited liability company is organized)	3. 16.163.00 (FEI n	
4. N/A	bute first transacted business in Florida, if moor	to reestration 3	<u> </u>
5 3006 Del Pra	Interfirst transacted business in Florida, d'prioriec sections 603 0904 & 605 0905, F.S. to deter	mine penalty liability) 6. 3006. Del F	Prado Blud.
(Street Address of Principal Cape Coral	Office) FL 33908	Cape Coral	th 33908
7. Name and street address of F	Torida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	e Perrault		
· -	3006 Del Prado Cape Coral	Blvd	
designated in this application,	ed agent and to accept service of I hereby accept the appointment f all statutes relative to the propo	er and complete performance of n	ect in this capacity. I further agree
8. The name, title or capacity a <u>Title or Capacity:</u>	and address of the person(s) who line and Address:	has/have authority to manage is/are <u>Title or Capacity;</u>	: <u>Name and Address:</u>
Principal	Orelee Perray	¥-	
)	Copecovol FL	#reat 55914	
(Use attachments if necessary)			AN THE
	ich it is organized. (If the certific	l, duly authenticated by the official ate is in a foreign language, a trans	
	Department of State conditions a t	03 (1) (b), Florida Statutes. I am av hird degree felony as provided for tre of an authorized person	
	Orelea Ch	ee) K. Perrault	

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that VIA DESIGN, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on November 30, 1988. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 136568



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of August A.D. 2017.

William M. Gardner Secretary of State