

M17000007323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

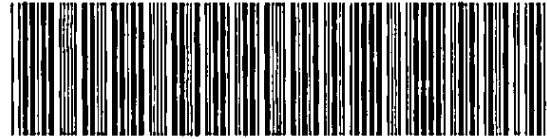
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302154273

08/07/17--01038--002 **125.00

J
8/25/17

FILED
17 AUG 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

NANCY PAULSON
16552 BRIARWOOD CT
CLIVE, IA 50325 US

SUBJECT: NTERIOR CONSULTING LLC
Ref. Number: W17000064696

2017 AUG 25 AM 11:30
TALLAHASSEE, FLORIDA

We have received your document for NTERIOR CONSULTING 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):

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 the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 417A00016069

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NTERIOR CONSULTING 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:

NANCY PAULSON

Name of Person

NTERIOR CONSULTING LLC

Firm/Company

16552 BRIARWOOD CT

Address

CLIVE, IA 50325

City/State and Zip Code

nancypaulson@gmail.com

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

For further information concerning this matter, please call:

NANCY PAULSON

515

333-1121

Name of Contact Person

at (_____) _____

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. INTERIOR CONSULTING LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. IOWA 3. 47-2250915
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 08/01/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 16552 BRIARWOOD CT 6. 16552 BRIARWOOD CT
(Street Address of Principal Office) (Mailing Address)
CLIVE, IA 50325 CLIVE, IA 50325

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NANCY PAULSON

Office Address: 3414 HANCOCK BRIDGE PKWY, UNIT #906
FORT MYERS, Florida 33903
(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.

Nancy Paulson
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>PRESIDENT</u>	<u>NANCY PAULSON</u> <u>16552 BRIARWOOD CT</u> <u>CLIVE, IA 50325</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.

Nancy Paulson
(Signature of an authorized person)

NANCY PAULSON

Typed or printed name of signer

FILED
17 AUG 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IOWA

SECRETARY OF STATE CERTIFICATE OF EXISTENCE

Date: 8/16/2017

Name: NTERIOR CONSULTING, LLC (489DLC - 488679)

Date of Incorporation: 11/7/2014

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.



A handwritten signature in cursive script, reading "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE

