

MI8000002007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

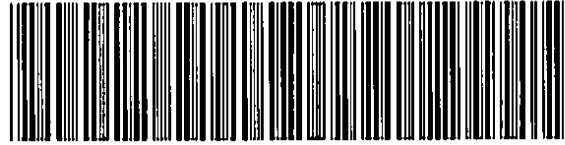
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 FEB 27 AM 7:18  
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2018 FEB 27 AM 11:33  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
FEB 28 2016

**Incorporating Services, Ltd.**

3500 S DuPont Highway  
Dover, DE 19901  
302.531.0855  
Fax: 302.531.3150  
www.Incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops

~~XXXXXXXXXXXX~~  
850.656.7953

**REQUEST DATE** 2/27/2018

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 633342

**ORDER ENTITY**

BELLE MAISON DESIGNS LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

BELLE MAISON DESIGNS LLC (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

**NOTES:**

\$155.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Belle Maison Designs LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Belle Maison Real Estate 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. New York 3. 46-3395945  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 57 Mahogany Run 6. 57 Mahogany Run  
(Street Address of Principal Office) (Mailing Address)  
Pittsford, New York 14534 Pittsford, New York 14534

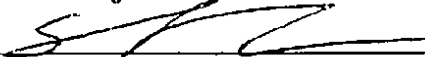
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Shannon Hankin, Esq.

Office Address: 100 Wallace Avenue, Suite 100  
Sarasota, Florida 34237  
(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.*

  
(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>Manager</u>	<u>Rebecca Tan</u> <u>57 Mahogany Run</u> <u>Pittsford, New York 14534</u>	_____	_____
<u>Manager</u>	<u>Brian Tan</u> <u>57 Mahogany Run</u> <u>Pittsford, New York 14534</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.

  
Signature of an authorized person

Anthony Carello

Typed or printed name of signer

**State of New York**  
**Department of State** } **ss:**

*I hereby certify, that BELLE MAISON DESIGNS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/28/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*A Certificate of Publication of BELLE MAISON DESIGNS LLC was filed on 11/20/2013.*

*A Biennial Statement was filed 02/20/2013.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of February  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201802210202 • AT