

MI 8000007159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

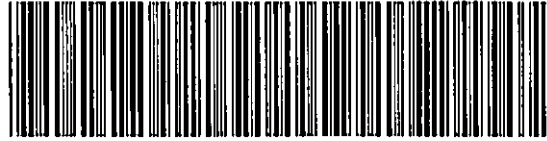
(Document Number)

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

Special Instructions to Filing Officer:

name match cert W18-66695

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 06 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2018

CHRISTINE BAUMANN  
5012 SKYVIEW LANE  
LAKEWOOD RANCH, FL 34211

SUBJECT: CHRISTINE BAUMANN LLC  
Ref. Number: W18000066695

We have received your document for CHRISTINE BAUMANN 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 618A00015034

*Dear Ms. Simmons,*

*Attached please find the*

*Correct form.*

*Regards,*

*Christine Baumann*

RECEIVED

2018 AUG -1 PM 12:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHRISTINE BAUMANN INTERIORS 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:

CHRISTINE BAUMANN  
Name of Person

CHRISTINE BAUMANN INTERIORS LLC  
Firm/Company

5012 SKYVIEW LANE  
Address

LAKEWOOD RANCH FL ~~334~~ 34211  
City/State and Zip Code

INFO @ CHRISTINE BAUMANN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE BAUMANN 941 405-4823  
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. CHRISTINE BAUMANN INTERIORS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. NEW YORK 3. 6823991  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 26, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5012 SKYVIEW LANE 6. Same  
(Street Address of Principal Office) (Mailing Address)  
LAKEWOOD RANCH FL 34211

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

Name: CHRISTINE BAUMANN  
Office Address: 5012 SKYVIEW LANE  
LAKEWOOD RANCH, Florida 34211  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Christine Baumann  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>OWNER</u>	<u>CHRISTINE BAUMANN</u> <u>5012 SKYVIEW LANE</u> <u>LAKEWOOD RANCH FL 34211</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.

Christine Baumann  
Signature of an authorized person

CHRISTINE BAUMANN  
Typed or printed name of signer

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

I hereby certify, that CHRISTINE BAUMANN INTERIORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/20/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 05th day of July two  
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "Brendan W. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*