M18000009312

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
	2015

Office Use Only



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SECRETARY OF STATE
TALL ABANSSEE FI

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September 11, 2018

Elizabeth Ginori BCGR Tax & Financial Services LLC 1645 Palm Beach Lakes Blvd., Suite 480 W. Palm Beach, FL 33401

SUBJECT: DESIGN & DECOR CENTERS LLC

Ref. Number: W18000081197

We have received your document for DESIGN & DECOR CENTERS 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.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall Bureau Chief

Letter Number: 118A00018871

RECEIVED

OCT 1 5 2018

COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJE	DESIGN & DECOR CENTERS LLC			
SUBJE	Name of Limited Liability Company			
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Picase r	eturn all correspondence concerning this matter to the following:			
	ELIZABETH GINORI			
	Name of Person			
	BCGR TAX & FINANCIAL SERVICES LLC			
	Firm/Company			
	1645 PALM BEACH LAKES BLVD STE 480			
Address				
	WEST PALM BEACH, FL 33401			
	City/State and Zip Code			
	EGINORI@BCGRCPA.COM			
	E-mail address: (to be used for future annual report notification)			
For furt	her information concerning this matter, please call:			
	ELIZABETH GINORI 561 323-6520 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclose	d is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee} \Bigsim \frac{1}{2} \\$155.00 \text{ Filing Fee} \Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee}, \text{ Certificate of Status} \text{ Certified Copy} \text{ 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:

	OENTEDO LLO	4.			
1. DESIGN & DECOR (Name of Foreign	CENTERS LLC Limited Liability Company; must include	le "Limited Liability Comp	any," "L.L.C.," or "I.L.C.")		_
	name adopted for the purpose of transacting bus			ity Company," "L.L.C," or "L	ī.c.")
2 FLORIDA De au	Jake	3. 83-1			_
(Jurisdiction under the law of w	which foreign limited liability company is organiz	zed)	(FEI number	r, if applicable)	
4. 08/30/2018					
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S	, if prior to registration.) i. to determine penalty liability)		— 19 233 S	
5. 1645 PALM BEACH		6.		£ 8	
(Street Address of	Principal Office)		(Mailing Addres	") <u>}</u>	
WPB, FL 33401				<u> </u>	_ 5
				SS S	_ 17
				ကိုတ္တဲ့ ကို	O
7. Name and street addre	ss of Florida registered agent: (P	.O. Box NOT accept	able)		
Name:	BCGR TAX & FINANCIAL S	SERVICES	_	Lui 💋	
Office Address:	1645 PALM BEACH LAKES	BLVD STE 480	-		
	WEST PALM BEACH		, Florida 33401		
Registered agent's accep	(City)		(Zip code)		
	sions of all statutes relative to the as of my position as registered ag		performance of my di	uties, and I am famil	iar with
	70-00	red agent's signature)			
	acity and address of the person(s)				
Title or Capacity!	Name and Address:	Title or	Capacity:	Name and Address	<u>.:</u>
PRES	F. CONIGLIARO				
	1055 Bedford Av				
	PBG, FL 33403				
(Use attachments if neces	isary)				
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 da of which it is organized. (If the coubmitted)	ays old, duly authentic ertificate is in a foreig	ated by the official hav in language, a translatio	ing custody of record in of the certificate ur	s in the ider oath
	cuted in accordance with section 6 of the Department of State constitu				ation
	- Man	L Con	u lear	\supset	
		Signature of an authorized per	yen	-	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DESIGN & DECOR CENTERS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DESIGN & DECOR CENTERS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203497675

Date: 09-26-18

7035765 8300 SR# 20186835143

BCGR Tax & Financial Services, LLC.

Time Sheet

		/_	18
Date:	10	/ L	1

Employee Name: Laura Atkinson

Supervisor: Elizabeth Ginori/ Bonny Rock

Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
10/1/18	17:00	5:30	25		5. 5
10/7/18	3:00	8:00	5		5
10 3/18	9,00				
	_	-	-		
	-				
		TOTALS:			

I certify that these hours are a true and accurate record of all time worked during the pay period.

Employee Signature:

Date: