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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 14 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOFTWARE DESIGNERS, 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:

**BRENDA TAYLOR**

Name of Person

Firm/Company

725 ALMOO ST

Address

LOWELL, AR 72745

City/State and Zip Code

btaylorblt@yahoo.com

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

For further information concerning this matter, please call:

**Brenda Taylor**

479

236-6262

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. SOFTWARE DESIGNERS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Software Designers of Florida, 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. ARKANSAS  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-5633019  
(FEI number, if applicable)
4. 12-31-2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1565 RIPPLE CT  
(Street Address of Principal Office)
6. PO BOX 1442  
(Mailing Address)
- GULF BREEZE, FL 32563  
LOWELL, AR 72745

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

Name: LARRY TAYLOR

Office Address: 1565 RIPPLE CT

GULF BREEZE, Florida 32563  
(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.*

Larry C Taylor  
(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:

MEMBER

LARRY TAYLOR

1565 RIPPLE CT

GULF BREEZE, FL 32563

MEMBER

DARLENE TAYLOR

1565 RIPPLE CT

GULF BREEZE, FL 32563

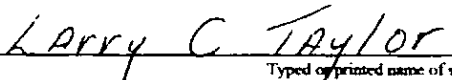
(Use attachments if necessary)

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



Typed or printed name of signee



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**SOFTWARE DESIGNERS, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 29, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of December 2018.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: 25429d70567d20c

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)