

2/19/2019

Division of Corporations

# M19000001805

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
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Email Address: martimuller39@aol.com

**Foreign Limited Liability Company**  
**Your Home by Marti LLC**

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Your Home by Marti 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 : 83-3222201  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

1. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 355 Middle Line Highway, Sag Harbor, New York 11963

(Street Address of Principal Office)

5. 355 Middle Line Highway, Sag Harbor, New York 11963

(Mailing Address)

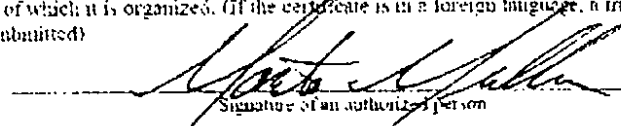
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Business Filings Incorporated  
Office Address: 1200 South Pine Island Road  
Plantation Florida 33324  
(City) (Zip code)

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.

Mark Williams, A.V.P.,  
Business Filings Incorporated  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has have authority to manage is/are  
Manager: Marti Muller, 355 Middle Line Highway, Sag Harbor, New York 11963  
Manager: Marius Fortelmi, 355 Middle Line Highway, Sag Harbor, New York 11963

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)

 2-15-19  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that my 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.

Marti Muller, Manager  
(Typed or printed name of signer)

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# State of New York Department of State } ss:

I hereby certify, that YOUR HOME BY MARTI LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/18/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of February two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State

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