

W19000003038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

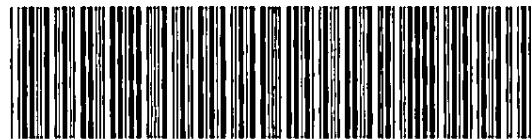
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19 MAR 16 PM 12:39
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TALLAHASSEE, FLORIDA

O. BRADY
MAR 28 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2019

JAIME COLLINS
301 S KRESSON ST
BALTIMORE, MD 21224

SUBJECT: LIONS' WOOD BANQUET FURNITURE, LLC
Ref. Number: W19000016819

We have received your document for LIONS' WOOD BANQUET FURNITURE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 619A00004965

2019 MAR 20 PM 2:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lionis Wood Banquet Furniture
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:

Jaime Collins
Name of Person

Lionis Wood Banquet Furniture
Firm/Company

301 S. Kresson Street
Address

Baltimore, MD 21224
City/State and Zip Code

jaime@LWBanquetFurniture.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Collins at (443) 763-3644
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
2601 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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 605.06, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lion's Wood Banquet Furniture, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

LWBF, LLC
(If name and address are being changed for the purpose of transacting business in Florida, the old name must include "Limited Liability Company," "LLC," or "LLC")

2. Maryland 3. 47-3296273
(Jurisdiction under which the Foreign Limited Liability Company is incorporated) (Tax Exemption if applicable)

4. _____
(If the foreign limited liability company is a corporation, it must include the name of the corporation and the state of incorporation; if it is a partnership, it must include the name of the partnership and the state of formation)

5. 301 S. Kresson Street 6. 301 S. Kresson Street
(Street Address of Principal Office) (Mailing Address)
Baltimore MD 21224 Baltimore MD 21224

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

Name: Robert Fergley
Office Address: 129 Commerce Ave.
Lake Placid, _____, Florida 33852
(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.

[Signature]
(Registered agent's signature)

FILED
19 APR 16 PM 12:39
CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Gregory Bandelin

☐ Member Address: 301 S. Kresson Street

☐ Authorized Baltimore MD 21224

Person _____

☒ Other CEO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Justin Wright

☐ Member Address: 301 S. Kresson Street

☐ Authorized Baltimore MD 21224

Person _____

☒ Other VP ☐ Other _____

☒ Manager Name: Kurt Larson

☐ Member Address: 1484 Stormy Ridge Ct

☐ Authorized Carmel IN 46032

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Aaron Harman

☐ Member Address: 301 S. Kresson St

☐ Authorized Baltimore MD 21224

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jaime Collins

☐ Member Address: 301 S. Kresson St

☐ Authorized Baltimore MD 21224

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Awen McKnight

☐ Member Address: 301 S. Kresson St

☐ Authorized Baltimore MD 21224

Person _____

☒ Other AP ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Jaime Collins
Signature of an authorized person

Jaime Collins
Typed or printed name of signee

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LION'S WOOD BANQUET FURNITURE, LLC (W16307449), REGISTERED JANUARY 26, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 28, 2019.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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