

W1900000607C

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

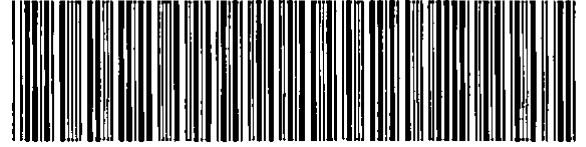
Certified Copies _____

Certificates of Status _____

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W190000048440

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

JUN 2 2 2019



June 4, 2019

Yvette Scott

Re: Registration of WAW Interiors LLC
Ref. Number: W19000048440

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TALLAHASSEE, FLORIDA

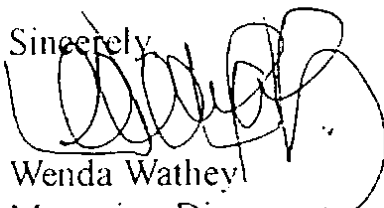
Dear Mrs. Scott,

Pursuant to a telecommunication yesterday with your colleague, please find enclosed the required names of the manager and authorized person.

The Chamber of Commerce & Industry of the Government of Sint Maarten document initially submitted was deemed acceptable as a valid certificate of existence / good standing.

I hope that this document will complete the registration process with the State of Florida.

Sincerely,



Wenda Wathey
Managing Director

• L.B. Scott Road 2 • Cul de Sac • St. Maarten • Dutch Caribbean •
Tel: +1 721 520 1100 • Email: wendy@wawinteriors.com • www.wawinteriors.com •
Chamber Registration #26407 • Vestigingsvergunning #08040 • Crib # 435.188.070

US Address: 601 NE 16th Ter • Fort Lauderdale • FL 33304 • +1 954 636 3001 •



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

WENDA WATHEY
601 NE 16TH TERRACE
FORT LAUDERDALE, FL 33304

SUBJECT: WAW INTERIORS LLC
Ref. Number: W19000048440

We have received your document for WAW INTERIORS 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 719A00009981

**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:

WAW Interiors LLC

1. _____
(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.")

Sint Maarten

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

None Yet

3. N/A _____
(FEI number, if applicable)

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

601 NE 16th Terrace

601 NE 16th Terrace

5. _____
(Street Address of Principal Office)

Fort Lauderdale FL

6. _____
(Mailing Address)

Fort Lauderdale FL

33304

33304

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TALLAHASSEE, FLORIDA

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

Denise Treuil

Name: _____

601 NE 16th Terrace

Office Address: _____

Fort Lauderdale

33304

(City) Florida _____
(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.



(Registered agent's signature)

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]:

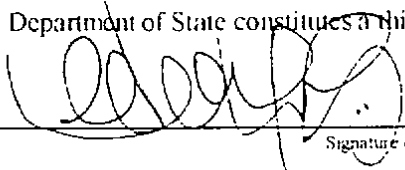
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	WENDA WATHEY		<input type="checkbox"/> Manager	Name:	ANDY WESCOT	
<input type="checkbox"/> Member	Address:	PELICAN COVE 12-		<input type="checkbox"/> Member	Address:	PELICAN COVE 12-	
<input type="checkbox"/> Authorized		PELICAN KEY		<input checked="" type="checkbox"/> Authorized		PELICAN KEY	
Person		PHILIPSBURG, ST. MARTEN		Person		PHILIPSBURG, ST. MARTEN	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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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.



Signature of an authorized person
Wenda Wathey

Typed or printed name of signer

St. Maarten Commercial Register

Excerpt from the Commercial Register

Registration number: 26407 (0)
Date: May 02, 2019 Time: 10:49:52 AM



In the Commercial Register of the St. Maarten Chamber of Commerce & Industry is registered under number 26407: NEST BY WAW INTERIORS B.V.

Trade name	NEST WAW INTERIORS
Legal form	Private Limited Liability Company
Official name	NEST BY WAW INTERIORS B.V.
Statutory seat	Sint Maarten
Date of incorporation	June 12, 2018
Date registered	June 14, 2018
Nominal capital	100 share(s) with a nominal value of U.S.A. Dollar (United States of America) 1.00
Description	a. The importing, exporting, buying and selling, wholesale, distribution, e-commerce and trade in decoration items, which are generally understood to be so-called "home design" items, furniture, kitchen utensils, electrical, electronic and other household appliances and other items useful or necessary to interior decorating and beautifying homes. b. To render services in interior design and remodeling consultation.

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Business Address(es)

Address	L.B. Scott Road 2
Area name	Cul de Sac

Correspondence Address(es)

Address	L.B. Scott Road 2
Area name	Cul de Sac

Officials

Function	Statutory director
Title	Managing director
Name	Wenda Angele WATHEY
Address	Billy folly Road 12,
Date of birth	September 25, 1969
Place of birth	Sint Maarten
Country of birth	Sint Maarten
Nationality	Dutch (Netherlands Antilles)
Date in function	June 12, 2018
Authority	Solely authorized



Only valid if stamped and signed by the Chamber of Commerce



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