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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.
Account Number : I20050000012
Phone : (954)659-8835
Fax Number : (954)301-0417

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alexandros@design-it.com

**Foreign Limited Liability Company
Design It Store, LLC**

Certificate of Status	0
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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. Design It Store, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Design It Store, 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. Nevis

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

3.

(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)

Hunkins Waterfront Plaza

5.

(Street Address of Principal Office)

Suite 556, Main Street

Charlestown, Nevis

3350 SW 148th Ave. Suite 120

6.

(Mailing Address)

Miramar, FL 33027

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

Name:

GBS Consultants, Inc.

Office Address:

3350 SW 148th Ave. Suite 120

Miramar

(City)

, Florida 33027

(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)

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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: Alessandro Casarin
☐ Member Address: 3350 SW 148th Ave.
☐ Authorized Suite 120
 Person Miramar, FL 33027
☐ Other ☐ Other

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

☒ Manager Name: Ario Casarin
☐ Member Address: 3350 SW 148th Ave.
☐ Authorized Suite 120
 Person Miramar, FL 33027
☐ Other ☐ Other

☒ Manager Name: Michele Casarin
☐ Member Address: 3350 SW 148th Ave.
☐ Authorized Suite 120
 Person Miramar, FL 33027
☐ Other ☐ Other

☒ Manager Name: Gianfranco Casarin
☐ Member Address: 3350 SW 148th Ave.
☐ Authorized Suite 120
 Person Miramar, FL 33027
☐ Other ☐ Other


☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ 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.



 Signature of an authorized person
 Alessandro Casarin, Manager

 Typed or printed name of signer

**ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF COMPANIES**

CERTIFICATE OF GOOD STANDING

(Issued pursuant to the provisions of Section 26 of the Nevis Limited Liability Company Ordinance, 2017)

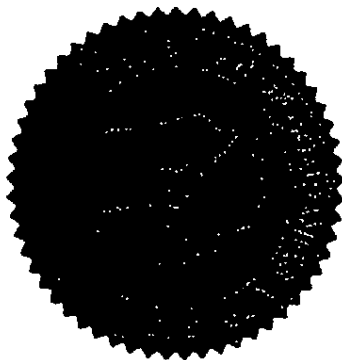
I HEREBY CERTIFY that

Design It Store, LLC

was duly formed as a Limited Liability Company under the provisions of the Nevis Limited Liability Company Ordinance on *30th October, 2019* and in so far as is evidenced by the records of this office the said company is in good standing as at the date below shown.

I FURTHER CERTIFY that the company has paid all fees and is not in the process of being wound up and dissolved.

Given under my Hand & Seal at Charlestown
This *18th* day of *November, 2019*



[Signature]

Registrar of Companies

No. L 19827

PIPAJER

The Certificate of Good Standing issued by the Registrar of Companies under this section is limited to the company's current state of compliance under this Ordinance and should not be taken as a warranty or representation by the Registrar of Companies concerning the company's compliance with other laws of Nevis which the Registrar does not administer.

**ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF COMPANIES**

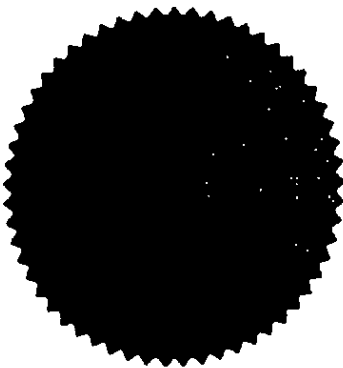
CERTIFICATE OF FORMATION

I HEREBY CERTIFY that

Design It Store, LLC

is formed in Nevis as a Limited Liability Company having complied with all the requirements of formation under the Nevis Limited Liability Company Ordinance, 2017.

**Given under my Hand & Seal at Charlestown
This 30th day of October, 2019**



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Registrar of Companies

No. L 19827

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