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110000	0005700
(Requestor's Name)	
(Address)	400342483404
(Address) (City/State/Zip/Phone #)	
	04/01/2001003035 **160.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
	APR 23 (11)

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, Ç		COVER LETTER		
TO: Registra	tion Section of Corporations			
SUBJECT:	when Matthew Designs LLC			
		ne of Limited Liability C	отралу	
The enclosed "Ap Existence, and che	plication by Foreign Limited Liability eck are submitted to register the above	Company for Authorizate referenced foreign limite	ion to Transact Business in Florida, a liability company to transact busin	
Please return all co	orrespondence concerning this matter	to the following:		
	Stephen Matthew Wisniew			
		Name of Person		
	Stephen Matthew Designs LLC			
	· · · ·	Firm/Company		
	1015 Genoa St			
		Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
co	ontact@stephenmatthewdesign.com			
_	E-mail address: (to b	e used for future annual i	eport notification)	
For further inform	ation concerning this matter, please c	all:		
Stephen i	Matthew Wisniew	561	866-9468	
<u></u>	Name of Contact Person	at ( Area Code	Daytime Telephone Number	
Mailing A		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
rananas	55CC, I L J2J14	Tallahassee, FL	-	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2020

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STEPHEN MATTHEW WISNIEW 1015 GENOA ST CORAL GABLES, FL 33134

SUBJECT: STEPHEN MATTHEW DESIGNS LLC Ref. Number: W20000036174

We have received your document for STEPHEN MATTHEW DESIGNS 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):

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 920A00007577

APR 21 2020

www.sunbiz.org

## 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:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida The	alternate n	ame must in	clude "Limite	ed Liability Co	ompany," "l	_ L C," or '
State of Delaware		3.		40193				
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	FEI number, if applicabl				licable)	
NA								
	(Date first transacted business in Florida, if prior to 1 (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty	iability)					
1015 Genoa St				Genoa St				
eet Address of Principal Office)			(M	ailing Addre				-
Coral Gables, FL 33134			Coral Gables, FL 33134					
Coral Gables, FL 3313	4		Corary					
		NOT						
	55 of Florida registered agent: (P.O. Box	<u>NOT</u> :						
			acceptal				<b>B 1 1 2 7</b>	
Name and <u>street addre</u>	55 of Florida registered agent: (P.O. Box Paracorp Incorporated		acceptal				121 121 121 PB	

## 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]:

Title or Capacity:	Name and Address:	Title or Capacity	:	Name and Address:
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
Authorized	Coral Gables, FL 33134	□Authorized		
Person		Person		
CEO CEO	Other	Other		Dother
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
Authorized		□Authorized		
Person		Person		
00ther	Other	Other		Dother
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	·	
Other	Other	Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

1/2 of an authorized person

Stephen Matthew Wisniew

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEPHEN MATTHEW DESIGNS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STEPHEN MATTHEW DESIGNS LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202678720 Date: 03-30-20

6786235 8300 SR# 20202455188 You may verify this certificate online at corp.delaware.gov/authver.shtml

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