

5/11/2020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

Foreign Limited Liability Company
MULA DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mula Design LLC
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:

Catherine Wright

Name of Person

McNees Wallace & Nurick LLC

Firm/Company

100 Pine Street, P.O. Box 1166

Address

Harrisburg, PA 17108-1166

City/State and Zip Code

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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. Mula Design LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

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

3. _____
(File number, if applicable)

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

5. 325 Cottage Hill Road
(Street Address of Principal Office)
York, PA 17401

6. 325 Cottage Hill Road
(Mailing Address)
York, PA 17401

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

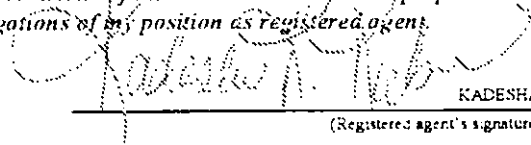
Name. Corporation Service Company

Office Address 1201 Hays Street

Tallahassee, Florida 32301
(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.


KADESHA ROBERSON, ASST. VICE PRESIDENT
(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. Joseph Mulá
☒ Member Address. 325 Cottage Hill Road
☐ Authorized York, PA 17401
 Person _____
☐ Other _____ ☐ Other _____

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

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

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name. _____
☐ Member Address. _____
☐ Authorized _____
 Person _____
☐ 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.

Joseph Mulá

Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/11/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT:

Mula Design LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Kathy Boockvar".

Secretary of the Commonwealth

Certification Number: TSC200511100516-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>**H20000139149 3**