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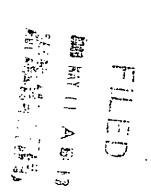
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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Signature Taterior & 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:
Conne A Rec Name of Person
Signature Interior & Design Firm/Company
32 Salt Hammock Court Address
Fernandina Beach, FL 32034 City/State and Zip Code
Connerea e Signatureinteriorand design. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Conne Rec at (829) 273-1947 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to FLORIDA DEPARTMENT OF STATE \$\Begin{array} \$\text{\$\tex

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLANCE WITH SECTION 605.002, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILD COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Signature Enterior + Design LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "LLC." or "LLC.")
Conne Rea Interiors LLC If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "L.L.C.")
2. Company is organized) 3. S8-25\33\0 (FET number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)
5. 2964 Packtree 2 11/W 6. 2964 Reachtree Road 11/W (Mailing Address)
Suite 200 Suite 200
Attente, GA 30305 Attente, GA 30305
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Conne Rea
Office Address: 32 Soft Hammark Court
Fernandina Beach Florida FL 32034 (Kip 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 agre 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Conne Rea Manager Name: _____ □ Manager □Member □Member Address: Formandina Beach □ Authorized □ Authorized Person Person □Other □Other ____ □Other_____ □Other_____ □Manager Name: _____ □Manager Name: _____ Address: □Member Address: □Member ☐ Authorized ☐ Authorized Person Person □Other □Other □Other □Other Name: Name: _____ □Manager Address: _____ □Member Address: □Member ☐ Authorized □ Authorized Person Person □Other □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. Signature of an authorized person

Typed or printed name of signee

Control Number: K947887

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SIGNATURE INTERIOR & DESIGN, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19126839 Date Inc/Auth/Filed: 11/22/1999 Jurisdiction : Georgia Print Date : 05/08/2020 Form Number : 211



Brad Raffersperger

Brad Raffensperger Secretary of State