# Maddodsay

(Requestor's Name)	
(Address)	000345414170
(Address)	
(City/State/Zip/Phone #)	06/11/2001012019 <b>**</b> 125.00
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	

Sold

12772 150

Office Use Only

### COVER LETTER

TO:

Registration Section

5

Divis	sion of Corporations			
	Art Source and Decor, LLC			
SUBJECT: _	Name of Limited Liability Company			
The enclosed 'Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid		
Please return a	all correspondence concerning this matter	to the following:		
	Auron Lake			
		Name of Person		
	Art Source and Decor, LLC			
Firm/Company				
	8815 Conroy Windermere Road, 403	3		
	Address			
	Orlando, FL 32835			
	aaron@artsourceanddecor.com	City/State and Zip Code		
	E-mail address: (to b	be used for future annual report notification)		
For further int	formation concerning this matter, please c	all:		
Aur	on Lake	407 883.2850		
		at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Regi	ing Address: istration Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	. Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	osed is a check for the following amount: se make check payable to: <b>FLORIDA DE</b> 125.00 Filing Fee	Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate		



June 16, 2020

AARON LAKE 8815 CONROY WINDERMERE RD 403 ORLANDO, FL 32835

SUBJECT: ART SOURCE AND DECOR, LLC

Ref. Number: W20000060725

We have received your document for ART SOURCE AND DECOR, LLC and your check(s) totaling \$125.00. 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.

Letter Number: 720A00011863

Tracy L Lemieux Regulatory Specialist II

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: Art Source and Decor, LLC (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") 85-1306596 Wyoming (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) May 27, 2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability.) 8815 Conroy Windermere Road, 403 8815 Conroy Windermere Road, 403 Orlando, FL 32835 Orlando, FL 32835 (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Aaron Lake Name: 8815 Conroy Windermere Road, 403 Office Address: Orlande 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 grat 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]:

Fitle or Capacity:	Name and Address: Scott Bennett	Title or Capacity:	Aaron Lake
■Manager	Name:	■ Manager	Name:
☐Member	Address:	□Member	Address:
□Authorized	Osprey, FL 34229	□Authorized	
Person		Person	
□Other	Other	Other	Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	□Other
∐Manager	Name:	□Manager	Name:
∐Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□()ther

- 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 fellows as provided for in s.817.155, F.S.

Signature of an authorized person

Aaron P. Lake

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## **Art Source and Decor LLC**

is a

# **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 27**, **2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000919150**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of June, 2020 at 7:41 AM. This certificate is assigned ID Number 037477639.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.