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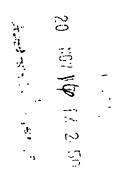
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PICK-UP WAIT MAIL							
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## COVER LETTER /

Registration Section

TO:

SUBJECT:	LINDSAY MACRAE INTERIORS LLC				
•	LINDSAY MACRAE INTERIORS LLC	e of Limited Liability Company			
he enclosed	"Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida.			
lease return	all correspondence concerning this matter t	to the following:			
	Lindsay MacRae				
	1881	Name of Person			
	LINDSAY MACRAE INTERIORS L	LC			
		Firm/Company			
	2114 Willow Lauren Lane				
		Address			
	Windermere, FL 34786				
		City/State and Zip Code			
	lindsay@lindsaymacrae.com				
	E-mail address: (to be	e used for future annual report notification)			
for further in	formation concerning this matter, please ca	II:			
Line	dsay MacRae	at () Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tall	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEF 125.00 Filing Fe	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. LINDSAY MACRAE	INTERIORS LLC  Limited Liability Company; must include "Limite	el Liability C	Company ""L.1.C." or "L.1.C.")				
(Mane of Tweigh	ranned basing company, max memore basine	. <b></b>	icanpacy.				
(H'nume unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida The alte	rnate name must include "Limited I,	iability Com	pany," "L.L.C	:," or "LLC	
NEW YORK		4	163883877				
2. (Jurisdiction under the law of which foreign limited liability company is organized)			3(FE! number, if applicable)				
4	(Date first trunsacted business in Florida, if prior to (See sections 605-0904 & 605,0905, F.S. to determ	registration.)	hulin i				
2114 Willow Lauren Ln			114 Willow Lauren Ln				
Street Address of Principal Office)			(Mailing Address)	, <b>um</b> 1 \$ -	0	<del></del>	
				49 186 14	107		
Windermere, FL 34786			/indermere, FL 34786	-	16	,.	
	<del></del>	_		1,	<u>ن</u> : ت:		
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box			ceptable)		:n		
Name:	Lindsay MacRac						
Office Address:	2114 Willow Lauren Ln						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Windermere	<u> </u>	34786 , Florida				
	(Cny)		(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.

MacLal
(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: Name and Address: Title or Capacity: Title or Capacity: Name: Lindsay MacRae Name: \_\_\_\_\_ □Manager □ Manager Address: 2114 Willow Lauren Ln □ Member Address: Member □ Authorized □ Authorized Windermere, FL 34786 Person Person Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_ \_\_ \_\_\_ □ Manager □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_\_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ □Member Address: \_\_\_\_ □ 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. Lindsay MacRae

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that LINDSAY MACRAE INTERIORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/10/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of LINDSAY MACRAE INTERIORS LLC was filed on 01/09/2014.

A Biennial Statement was filed 10/07/2020.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of October two thousand and twenty.

Brandon C Hydra

Brendan C Hughes
Executive Deputy Secretary of State