

md1000003488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

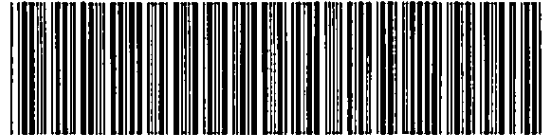
(Business Entity Name)

(Document Number)

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(001) 2 0711

WJH-  
19075

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: O'HARA DESIGNS 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:

SHUBHA HARITHASA

Name of Person

O'HARA DESIGNS

Firm/Company

9950 WAYZATA BLVD

Address

MINNEAPOLIS, MIN 55426

City/State and Zip Code

Shubha@oharainteriors.com

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

For further information concerning this matter, please call:

SHUBHA HARITHASA

Name of Contact Person

at (952)

Area Code

908-3150

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2021

SHUBHA HARTHASH  
9950 WAYZATA BLVD  
MINNEAPOLIA, MN 55426

SUBJECT: O'HARA DESIGNS LLC  
Ref. Number: W21000019075

We have received your document for O'HARA DESIGNS 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):

The registered agent must sign accepting the designation.

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: 021A00003228

RECEIVED  
MAR 18 2021

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. O'HARA DESIGNS 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.")

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

3. 46-4206405  
(FBI number, if applicable)

4. N/A - No business in FL.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9950 WAYZATA BLVD  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

MINNEAPOLIS MN 55426

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)

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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.

Corporation Service Company

By: [Signature]  
(Registered agent's signature)

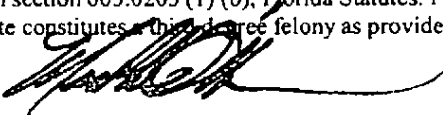
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	MARTHA O'HARA		<input type="checkbox"/> Manager	Name:	STEPHEN O'HARA	
<input checked="" type="checkbox"/> Member	Address:	4720 GIRARD AVE S		<input checked="" type="checkbox"/> Member	Address:	4720 GIRARD AVE S	
<input type="checkbox"/> Authorized		MINNEAPOLIS, MN 55419		<input type="checkbox"/> Authorized		MINNEAPOLIS, MN 55419	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	KATE O'HARA		<input type="checkbox"/> Manager	Name:	ROBERT O'HARA	
<input checked="" type="checkbox"/> Member	Address:	9950 WAYzata BLVD		<input type="checkbox"/> Member	Address:	9950 WAYzata BLVD	
<input type="checkbox"/> Authorized		MINNEAPOLIS, MN 55419		<input type="checkbox"/> Authorized		MINNEAPOLIS, MN 55419	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

MARTHA O'HARA

Typed or printed name of signer

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughes  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for O'Hara Designs, LLC (file number 801863619), a Domestic Limited Liability Company (LLC), was filed in this office on October 09, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 26, 2021.



A handwritten signature of Ruth R. Hughes in black ink.

Ruth R. Hughes  
Secretary of State