

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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### COVER LETTER

Registration Section

TO:

Wright De	sign, LLC	
	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business i
return all corresp	ondence concerning this matter t	to the following:
Taryn	Wright	
		Name of Person
Wrigh	it Design, LLC	
		Firm/Company
РО В	ox 26028	
		Address
Green	ville, SC 29616	
	C	City/State and Zip Code
twright	wrightdesignlle.com	
	E-mail address: (to be	e used for future annual report notification)
ther information of	concerning this matter, please ca	II:
Taryn Wright		864 907-1055 at ( )
<del>.</del>	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	neck for the following amount:	
Please make ch □ \$125.00 Fili	eck payable to: <b>FLORIDA DEI</b> ng Fec == <b>S</b> 130.00 Filing Fe	
0155.00 1111	Certificate of	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Wright Design, LLC	Limited Liability Company; must include "Limite			N			_
		d Liability C	ompany." "L.t. C	, for "LLC."	1		
BRADFORD K, WRIGH							_
(If name unavailable, enter alternate)	iame adopted for the purpose of transacting business in Fl	orida. The alte	mate name must me	hide "Limited I	Liability Company,	"11. C." or	T.EC ")
South Carolina			0-0422898				
3. Gunsdietion under the law of which foreign limited hability company is organized?		5. (FEI number, (Lapplicable)					_
4	(Date first transacted business in Florida, it prior to (See sections 605 0905, F.S. to determ	registration ) inc penalty liab	nînty)				
Wright Design, LLC  5. (Street Address of Principal Office)			right Design.	LLC			_
(Street Address of Principal Office)		_	(Mailing Addre	×*)			_
123 W. Broad St.			PO Box 26028				
Greenville, SC 29601			Greenville, SC 29616				
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acc	eptable)		<b>4</b>	21	
Name:	Northwest Registered Agent LLC						
Office Address:	7901 4th St. N STE 300			÷			
	St. Petersburg		, Florida	33702			ķ
	(City)			(Zip code)*	· · · · ·	-	9

#### 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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Brad Wright	□Manager	Name: Taryn Wright
■Member	Address: 123 W. Broad St.	<b>■</b> Member	Address: 123 W. Broad St.
□Authorized	Greenville, SC 29601	□Authorized	Greenville, SC 29601
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

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.



# The State of South Carolina



# Office of Secretary of State Mark Hammond

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

WRIGHT DESIGN, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 18th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of March, 2021.

Mark Hammond, Secretary of State