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COVER LETTER

	on of Corporations ,	
SUBJECT:	A.K. Botanical Design LLC	
	Name of Limited Liability Company	
The enclosed "A Existence, and o	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
lease return all	correspondence concerning this matter to the following:	
	AliciA Kominsky Name of Person	
	Name of Person	
	A.K. Botanical Design LLC Firm/Company	
	1215 Beach Dr NE	
	Address	
	St. Petersburg FL 33701	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
	AliciA Kominsky at 732 318-4062 Name of Contact Person Area Code Daytime Telephone Number	
	<u>Street Address:</u> Street Address: stration Section Registration Section	
~	ion of Corporations Division of Corporations	
	Box 6327 The Centre of Tallahassee	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 25.00 Filing Fee \$\frac{1}{2}\$	

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

COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY MPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
A.K. Botanical Design LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "LLC.," or "LLC.")
ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," or
New Jersey (Burisdiction under the law of which foreign limited liability company is organized) 3. 82–3067032 (FEI 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)
1215 Beach Dr NE et Address of Principal Office) 6. (Mailing Address) 6. (Mailing Address)
Apt. 1 Apt. 1
St. Petersburg, FL 33701 St Petersburg, FL =33701
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: AliciA Kominsky
Office Address: 1215 Beach Or NE Apt.) PA 2
St. Petersburg Florida 33701 (Zipcode)

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.

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 □ Manager Name: Address: □ Member □Member Authorized □ Authorized Person Person Mother OWNER 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_ 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

AliciA Vanuel

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

A.K. BOTANICAL DESIGN LLC 0450194264

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 22, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019-2020

I further certify that the registered agent and office are:

ALICIA KOMINSKY 705 CENTRAL AVE BRADLEY BEACH, NJ 07720



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of July, 2021

Elizabeth Maher Muoio State Treasurer

duket New

Certificate Number: 6121355939

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp