

M2200000 3783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

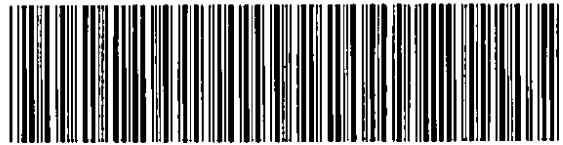
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

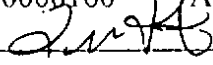


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APPROVED  
AND  
FILED

2022 MAR 11 PM 4:39

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 125.00  
AUTHORIZATION SIGNATURE:   
DEMI GIRL LLC

(Business Name)

Document #

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait  
☐ Photocopy

☐ **Certified Copy (please stamp each page) Articles of Incorporation**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL( ) ☐  
Country

**REGISTRATION/QUALIFICATIONS**

☒ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

**EXAMINER'S INITIALS:** ☐

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DEMI GIRL 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:

TRACEY J. FIERRO

\_\_\_\_\_  
Name of Person

ACCOUNTING SOLUTIONS FOR BUSINESS, INC.

\_\_\_\_\_  
Firm/Company

2451 N. MCMULLEN BOOTH ROAD, STE 256

\_\_\_\_\_  
Address

CLEARWATER, FL 33759

\_\_\_\_\_  
City/State and Zip Code

INFO@ACCOUNTINGSOLUTIONS123.COM

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

For further information concerning this matter, please call:

TRACEY J. FIERRO

727

389-6612

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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. DEMI GIRL 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. ILLINOIS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-4976834  
(FEI number, if applicable)

4. MARCH 18, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 311 WEST PALM AVENUE  
(Street Address of Principal Office)

6. 311 WEST PALM AVENUE  
(Mailing Address)

UNIT 621

UNIT 621

TAMPA, FL 33602

TAMPA, FL 33602

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Accounting Solutions for Business, Inc.

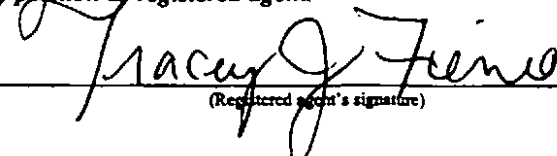
Office Address: 2451 N. McMullen Booth Road, Ste 200

Clearwater, Florida 33759  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 MAR 11 PM 4:38  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
TAMPA, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ADRIENNE RICHGELS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 311 WEST PALM AVENUE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT 621	<input type="checkbox"/> Authorized	_____
Person	TAMPA, FL 33602	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 _____
<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.



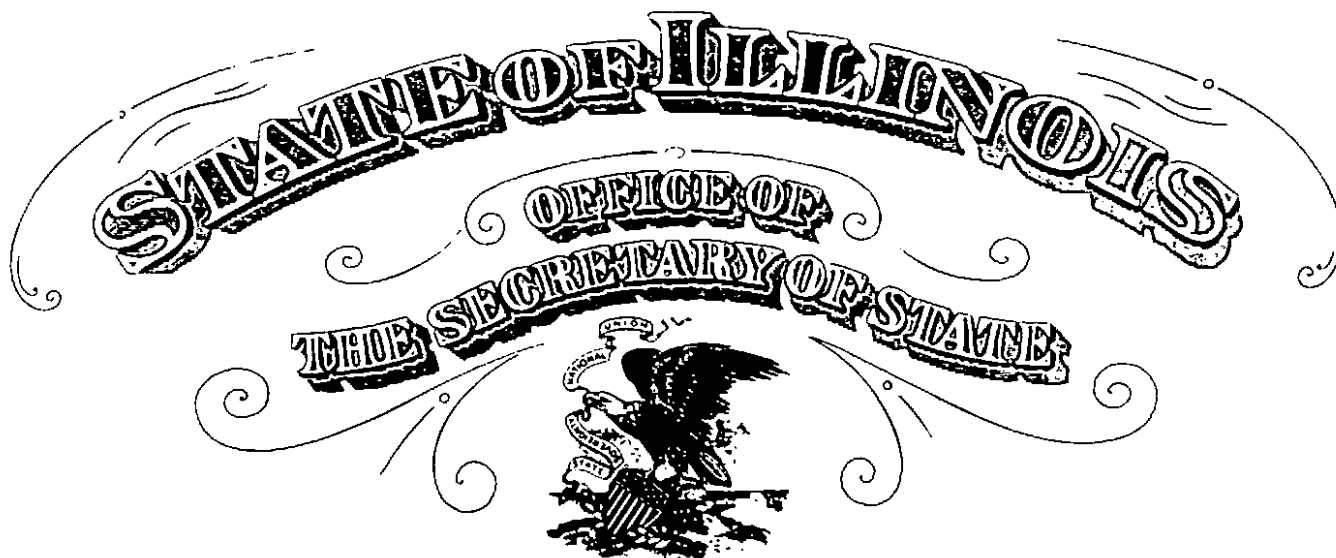
Signature of an authorized person

Adrienne Richgels

Typed or printed name of signer

File Number

0391334-1



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

DEMI GIRL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 05, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 11TH*  
*day of MARCH A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE