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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Fax Number : (323)389-0502

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Foreign Limited Liability Company ELVA Design Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
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S. ROBERTS

NOV 1 4 2022

COVER LETTER

TO:		tion Section of Corporations				
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For furt	her inform	nation concerning	this matter, please call:			
	Cheyen	ne Moseley		800 at (773-0888	
		Name of	Contact Person	Area Code	Daytime T	clephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		porations ction 8 Center Circle	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2022-11-10 11:08:20 PST

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: ELVA Design Group, LLC (Name of Foreign Limited Liability Corapany, must include "Limited Liability Company." "L.L.C.," or "LLC.") (If name towardable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name rant include "Limited Liability Company," "L.L.C." or "LLC.") Texas (F): suraper, il applicati c) (hurselvetion under the iras of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) (Mailing Arkitess) (Street Address of Principal Office) 501 Congress Ave., Suite 150-#335 501 Congress Ave., Suite 150-#335 Austin, Texas 78701 Austin, Texas 78701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 5575 S. Semoran Blvd., Suite 36 Office Address: Orlando _, Florida 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 fegistered agen CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

To:

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:
☐Мвладег	Name: Michael Francis	Manager	Name: John McCarvel
Member Authorized Person Other	Address:	Member Authorized Person Other	Address: 501 Congress Ave., Suite 150-#335 Austin, Texus 78701 Other
	Name:	Manager 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.

Signature of an emborated person

John McCarvel

Typed or printed name of signee

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



John B. Scott 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 ELVA Design Group, LLC (file number 802964041), a Domestic Limited Liability Company (LLC), was filed in this office on March 16, 2018.

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 November 07, 2022.



John B. Scott Secretary of State