

M230000009/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

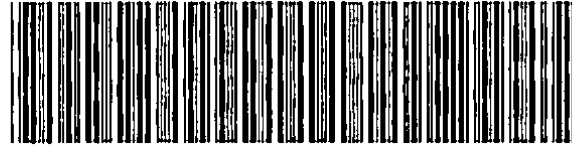
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S. FRANKLIN  
JAN 20 2023

COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: DEBORAH BELLA INTERIOR DESIGN LLC  
Name of Limited Liability Company

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:

DEBBIE BIELAWSKI  
Name of Person

DEBORAH BELLA INTERIOR DESIGN LLC  
Firm/Company

1066 MANILA DRIVE  
Address

SEBASTIAN FL 32976  
City/State and Zip Code

deborah@deborahbella.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Bielauski at ( 407 ) 777-1801  
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:

DEBORAH BELLA INTERIOR DESIGN LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

DEBORAH BELLA DESIGN STUDIO, LLC

(If alternate name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

OHIO

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

3.

(FEI number, if applicable)

11-1-22

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

1066 MANILA DRIVE

(Street Address of Principal Office)

1066 MANILA DRIVE

(Mailing Address)

SEBASTIAN, FL 32976

SEBASTIAN, FL 32976

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

Name:

DEBBIE BIELAWSKI

Office Address:

1066 MANILA DRIVE

SEBASTIAN,

(City)

Florida

32976

(Zip code)

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.

A. S. Bielawski

(Registered agent's signature)

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

<u>Role or Capacity:</u>	<u>Name and Address:</u>	<u>Role or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: <u>Debbie S. Bielawski</u>	<input type="checkbox"/> Manager	Name: _____
Member	Address: <u>1066 Manila Drive</u>	<input type="checkbox"/> Member	Address: _____
Authorized	<u>Sebastian, FL. 32976</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

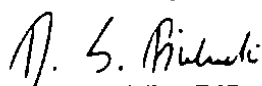
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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

Debbie S. Bielawski  
\_\_\_\_\_  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DEBORAH BELLA INTERIOR DESIGN LLC, an Ohio Limited Liability Company, Registration Number 3871282, was organized in the State of Ohio on March 1, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio,  
this 24th day of January, A.D. 2023.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202302404796