

M230000004233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

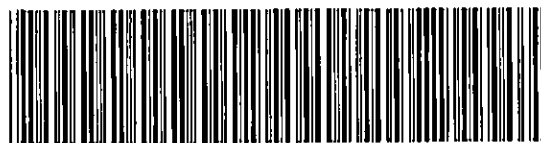
(Business Entity Name)

(Document Number)

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

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2023 MAR 13 PM 3:19  
SAC, NEW YORK

US  
4/14/23

COVER LETTER

TO: Registration Section  
Division of Corporations  
Breault Designz, LLC

SUBJECT: \_\_\_\_\_  
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:

Jennifer Rose Breault

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

Breault Designz, LLC

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

122 Kelley Smith School Rd

\_\_\_\_\_  
Address

Palatka, FL 32177

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

breaultjeni@gmail.com

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

For further information concerning this matter, please call:

Jennifer Rose Breault

619

8319666

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

at (\_\_\_\_\_) \_\_\_\_\_  
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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Breault Designz, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

Alt name, alterable: enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."  
Nevada

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(D) Number, if applicable

4. \_\_\_\_\_  
(State first transacted business in Florida at prior to registration.  
(See sections 605.0901 & 605.0905, F.S., for disclaimer liability.)  
122 Kelley Smith School Rd

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Palatka, FL 32177

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

InCorp Services, Inc.

Name:

3458 Lakeshore Drive

Office Address:

Tallahassee

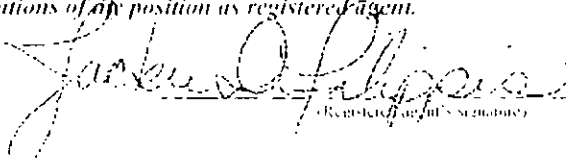
32312

Florida

(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.



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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]:

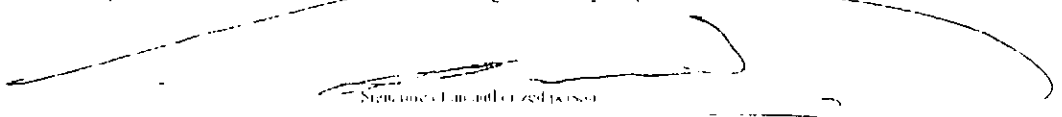
| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                                                      | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Jennifer Rose Breaunt<br>122 Kelley Smith School Rd<br>Palatka FL 32177 | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                                                                | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | _____                                                                         | <input type="checkbox"/> Authorized 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 Person  | _____                                                                         | <input type="checkbox"/> Authorized 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 Person  | _____                                                                         | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                                          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

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STONE

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.

  
\_\_\_\_\_  
Nicholas R. Diamond  
Typed or printed name of signer

# SECRETARY OF STATE

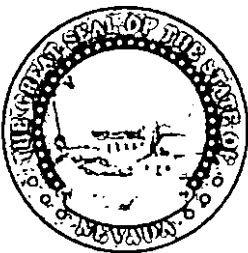


## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Breault Designz, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/24/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/03/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202303033444826

You may verify this certificate  
online at <http://www.nvsos.gov>