(1	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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July 13, 2023

CORP ACCESS

SUBJECT: LAVISH TRENDS LLC Ref. Number: W23000096095

We have received your document for LAVISH TRENDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L22000221141.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 923A00015553

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	CERTIFIED COPY				
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_	LAVISH TRENDS LLC				
	(CORPORATE NAME AND DOCU	MENT #)			
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	(CORPORATE NAME AND DOCU	MENT #)			

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: LAVISH TRENDS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") Lavish Trends (FL) 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 12278 Scarlet Ibis Avenue 12278 Scarlet Ibis Avenue (Street Address of Principal Office) (Mailing Address) Brooksville, FL 34614 Brooksville, FL 34614 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SANTOS M. VILELLA Name: 12278 Scarlet Ibis Avenue Office Address: Brooksville 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.

/s/ SANTOS M. VILELLA

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: SANTOS M. VILELLA □Manager □Manager Name: Address: 12278 Scarlet Ibis Avenue **■** Member □Member Address: Brooksville, FL 34614 ☐ Authorized ☐ Authorized Person Person □Other 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 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. /s/ SANTOS M. VILELLA Signature of an authorized person SANTOS M. VILELLA Typed or printed name of signee

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

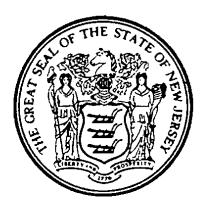
LAVISH TRENDS LLC 0400675099

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 July 23, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT G. LOPEZ. 96B SUBURBIA DRIVE JERSEY CITY, NJ 07305



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of July, 2023

Elizabeth Maher Muoio State Treasurer

Shaper New

Certificate Number: 2718678879

Verify this certificate online at

https://www.L.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp