M23000014353

(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:							
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TO:	Registration Section Division of Corporations							
SUBJ	KELLY CARON DESIGNS LLC							
	Name of Limited Liability Company							
The er Existe	nclosed "Application by Foreign Limited Liab ence, and check are submitted to register the al	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida.						
Please	e return all correspondence concerning this ma	itter to the following:						
	KELLY CARON							
		Name of Person						
	KELLY CARON DESIGNS LLC							
	Firm/Company							
	5778 GUILFORD PLACE							
	Address BLUFFTON, SOUTH CAROLINA 29910 City/State and Zip Code							
	kelly@kellycarondesigns.com and	erin@kellycarondesigns.com						
	E-mail address: (to be used for future annual report notification)						
For fur	rther information concerning this matter, pleas	se call:						
	ERIN FISHER	843 815-4737 at ()						
	Name of Contact Person	Area Code Daytime Telephone Number						
	Mailing Address: Registration Section	Street Address: Registration Section						
	Division of Corporations	Division of Corporations						
	P.O. Box 6327	The Centre of Tallahassee						
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						
		Tallahassee, FL 32303						
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I \$125.00 Filing Fee \$130.00 Filing Certific:	DEPARTMENT OF STATE						

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine		per, if applicable)	
	(FEI numb	per, if applicable)	
(Date first transacted business in Florida, if prior to re; (See sections 605.0904 & 605.0905, F.S. to determine			
(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0903, F.S. to determine	metration \		
	penalty liability)		
CE	6. (Mailing Address) BLUFFTON, SC 29910		
			
CT CORPORATION SYSTEM	<u>о.г</u> ассершоге)	23 SEP 20	
1200 SOUTH PINE ISLAND ROAD		6 PM	
		\$ 150 cm	
PLANTATION	33324 , Florida	2 FL 2 FL 5 10	
	of Florida registered agent: (P.O. Box)	6. (Mailing Address) BLUFFTON, SC 29910 of Florida registered agent: (P.O. Box NOT acceptable) CT CORPORATION SYSTEM	

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:
■Manager	Name: KELLY CARON	□Manager	Name:	
■Member	Address: 5778 GUILFORD PLACE	□Member		
■ Authoriz e d	BLUFFTON SC 29910	□Authorized		
Person	OWNER/ PRINCIPAL	Person		
□Other	□ Other	□Other		□Other
■Manager	Name: ERIN FISHER	□Manager	Name:	
□Member	Address: 5778 GUILFORD PLACE	□Member		
■ Authorized	BLUFFTON, SC	□Authorized		
Person	VP FINANCE, CONTROLLER	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	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.

Kelly Caron
Signature of an authorized person

KELLY CARON

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

KELLY CARON DESIGNS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 8th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of September, 2023.

Mark Hammond, Secretary of State