

1124000001429

(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:

Office Use Only



500421071805

01/11/24--01023--008 **130.00

FILED
2024 JAN 11 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL

T. LEMIEUX
FEB - 6 2024

AC 2/2/24

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:

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

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

2. Oregon 3. 20-5131143
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/15/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6445 SW Fallbrook Place, Suite 100 6. 6445 SW Fallbrook Place, Suite 100
(Street Address of Principal Office) (Mailing Address)
Beaverton, OR 97008 Beaverton, OR 97008

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (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.

Joe Morris

Joe Morris, Assistant Secretary
w/ Cogency Global Inc.

(Registered agent's signature)

FILED
2024 JAN 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

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 type="checkbox"/> Manager	Name: <u>Neil Fernando</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>6445 SW Fallbrook Pl., Ste 100</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Beaverton, OR 97008</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> 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.

Bonnie Crawford
Signature of an authorized person

Bonnie Crawford

Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 2411171

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

EMERIO DESIGN, LLC

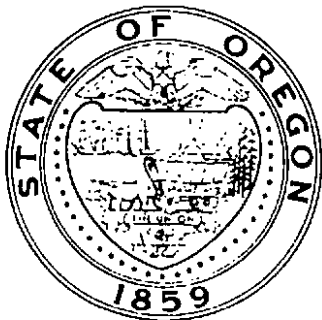
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 1/3/2024



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.

Statement of Fact

(General)

For the State of Florida

I, the undersigned, hereby certify that:

Emerio Design, LLC is requesting the release of the name "Emerio Design, LLC" per our original application – Document #M22000007323. We need to re-establish a Foreign LLC in the State of Florida due to the hiring of a remote employee.

Bonnie Crawford
Signature

January 4, 2024

Date of Statement

Bonnie Crawford

Printed Name as signed

Emerio Design, LLC

Name of Company

Notary Acknowledgement

State of Oregon

County of Washington

Sworn to (affirmed) and subscribed before me on this 4 day of January, 2024,
By Bonnie Crawford

Notary Nicole Hartenstein

Printed Name Nicole Hartenstein

