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T. LEMIEUX

## COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	The Simple !	Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concerning this ma	ntter to the following:
	Wer	Name of Person
	Th.	c Simple We Decor, UC Firm/Company
	19821 Mond	Henero Way Address
	<u> </u>	City/State and Zip Code
	Werdus Othe E-mail address:	Simple like his Ottality com (to be used for future annual report iptification)
For furth	er information concerning this matter, plea	ise call:
	Werdy Schulte Name of Contact Person	at ( 920 ) 362-2771  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 amor Please niake check payable to: FLORIDA \$125,00 Filing Fee \$130,00 Filing Certifi	DEPARTMENT OF STATE

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

me unavailable, enter alternate nam	se adopted for the purpose of transacting business	in Florida. The alterna	ite name must include "Limi	ted Liability Company,"	"E.L.C, "or "E.L.C.")
(Jurisdiction under the law of whice	h bereign limited liability company is organized.	_ 3	44-3303	205 number, il applicable)	
				.,	
	(Date first transacted business in Florida, it pra (See sections 405 0004 & 505 0005, F.S. to de	ar to registration ) dermine penalty habiti	(v)		
19821 Mon	ears Way	6	(Mailing Address)		
Venico FL	34293				
				· · · · · · · · · · · · · · · · · · ·	2529
Name and <u>street address</u>	of Florida registered agent: (P.O.)	30x <u>NQ1</u> accep	наоте)		三三
Name:	Werdy Schultz	<u>.                                    </u>	_	7)	19 PI
Office Address:	19821 Mondenen	n Wki h		1 H 1 M 1 M	FH 1:5
Office Address.	11	202	– 2u	702 TE	_
	Venice FL 34	<u>45</u>	, Florida(Zip co	<del>L</del> O	9

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Werdy Schult	□Manager	Name: Scott Schulte
Member	Address: 19821 Mondenen Way	□Member	Address: 19821 Monlegero W
□Authorized	Venia, FL 34293	<b>Z</b> Authorized	Venice FL 34293
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Beth Chajacki	□Manager	Name:
□Member	Address: 2835 Rennys Way	□Member	Address:
Authorized	Green Pay, W1 54313	□Authorized	
Person		Person	·
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	·
Person		Person	
∃Other	Other	□Other	Other
	se an attachment to report more than six (6). The a may be added to the index when filing your Florid		

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.

# United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### THE SIMPLE LIFE DECOR LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 30, 2013.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 12, 2024.

CRAIG HEILMAN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

### To validate the authenticity of this certificate