

Mad5000001348

(Requestor's Name)

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(City/State/Zip/Phone #)

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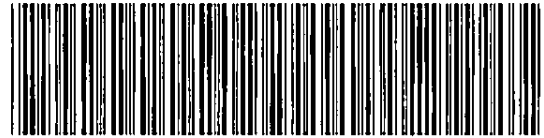
(Business Entity Name)

(Document Number)

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T. LEMIEUX
JAN 29 2025

was
259

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Damian Farrell Design PLLC

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:

Tresna Lim Taylor

Name of Person

Damian Farrell Design PLLC

Firm/Company

359 Metty Drive Suite 4a

Address

Ann Arbor, MI 48103

City/State and Zip Code

ttaylor@dfdgonline.com

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

For further information concerning this matter, please call:

Monique McComb

734

998-1331

at (_____)

Name of Contact Person

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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2025

TRESNA LIM TAYLOR
359 METTY DR STE 4A
ANN ARBOR, MI 48103

SUBJECT: DAMIAN FARRELL DESIGN PLLC
Ref. Number: W25000000259

We have received your document for DAMIAN FARRELL DESIGN PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company 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. Please amend your document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 625A00000056

*1/14/2025: Please see Amended document
to adopt LLC name in Florida*

RECEIVED

JAN 27 2025

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

IN COMPLIANCE WITH SECTION 605.082, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Damian Farrell Design PLLC
Name of Foreign Limited Liability Company (must include "Limited Liability Company," "LLC," or "LLP")

Damian Farrell Design LLC
The name of the foreign limited liability company submitted for registration must be identical to the name of the foreign limited liability company.

2 State of Michigan 3 26-2833232
Jurisdiction of each entity included in this application. Identification Number (Tax ID)

4 _____
Address of each foreign limited liability company (must include street address, city, state, and zip code)

5 359 Mott Drive 6 359 Mott Drive
Street Address Street Address
Suite 4a Suite 4a
City, State, and Zip Code
Ann Arbor MI 48103 Ann Arbor MI 48103

7 Name and street address of Florida registered agent (P.O. Box NO acceptable)

Name Jim Back

Office Address 1704 Lakeside Terrace

North Fort Myers 33903
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.

Jim Back
Registered agent's signature

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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:**

☐ Manager Name: Tresna Lim Taylor

☒ Member Address: 359 Metty Drive

☐ Authorized Suite 4A

Person Ann Arbor, MI 48103

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Monique McComb

☐ Member Address: 359 Metty Drive

☐ Authorized Suite 4A

Person Ann Arbor, MI 48103

☐ Other _____ ☐ Other _____

☐ Manager Name: Mary LeDuc

☐ Member Address: 359 Metty Drive

☒ Authorized Suite 4A

Person Ann Arbor, MI 48103

☐ Other _____ ☐ Other _____

☒ Manager Name: Kyle Gonzalez

☐ Member Address: 359 Metty Drive

☐ Authorized Suite 4A

Person Ann Arbor, MI 48103

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

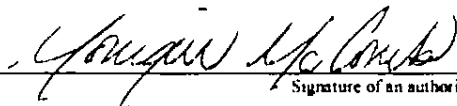
Person _____

☐ Other _____ ☐ Other _____

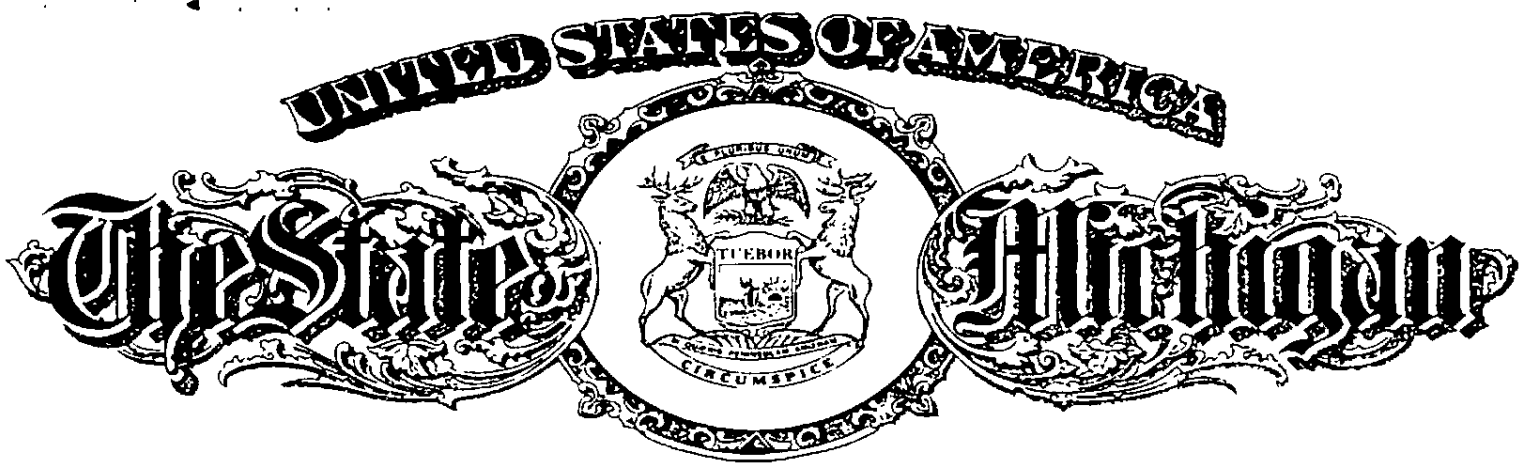
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.


Signature of an authorized person

Monique McComb
Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DAMIAN FARRELL DESIGN, PLLC

*was validly authorized on June 19 , 2008, as a Michigan
DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 24110442804

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 21st day of November , 2024.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau