

M190000004029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

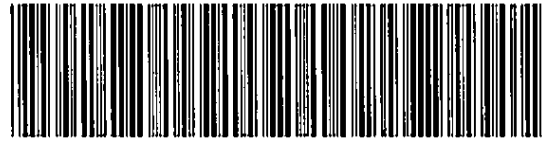
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100327613621

04/16/19--01024--017 \*\*155.00

2019 APR 16 PM 4:38

4-22-19  
DK

# FERRANTE & ASSOCIATES

A T T O R N E Y S     A T     L A W

126 Prospect Street - Cambridge, Massachusetts 02139  
Telephone 617-868-5000  
Fax 617-868-2519

April 12, 2019

***VIA FEDERAL EXPRESS***

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

***Re: Paul Davis National, LLC - Foreign LLC Registration***

Dear Sir or Madam,

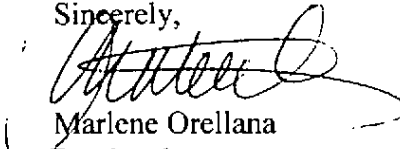
In connection with the registration of Paul Davis National, LLC as a Foreign LLC in the state of Florida, enclosed please find the following documents:

1. A Cover Letter
2. A fully executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida – original and copy;
3. A certificate of Good Standing from the State of Wisconsin; **and**
4. Check number 19183 in the amount of \$155.00 payable to the Florida Department of State, representing payment for the filing fee and a certified copy

Kindly arrange to file the above application.

If you have any questions or need additional information, you may contact me by e-mail at [mo@ferranteandassociates.com](mailto:mo@ferranteandassociates.com) or by telephone at (617) 868-5000 ext. 224.

Sincerely,



Marlene Orellana  
Paralegal

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PAUL DAVIS NATIONAL, LLC  
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:

Marlene Orellana  
Name of Person

Ferrante and Associates  
Firm/Company

126 Prospect Street  
Address

Cambridge, MA 02139  
City/State and Zip Code

mo@ferranteandassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Orellana at (617) 868-5000 ext. 224  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**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. PAUL DAVIS NATIONAL, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. WISCONSIN 3. 45-2746627  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. On submission date  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5210 Belfort Road, Suite 300  
(Street Address of Principal Office)  
Jacksonville, FL 32256

6. 5210 Belfort Road, Suite 300  
(Mailing Address)  
Jacksonville, FL 32256

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

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

9/16/16 11:43:38  
APPLICANT'S SIGNATURE

**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.*

Corporation Service Company  
By: [Signature]  
(Registered agent's signature)

**Shellie M. Smith**  
**Asst Vice President**

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:**  Manager  
**Name and Address:** Name: Charles E. Chase  
 Address: 2621 Van Buren Avenue  
 Suite 550A  
 Audubon, PA 19403  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: Kevin Roy  
 Address: 1140 Bay Street  
 Suite 4000  
 Toronto, Ontario M5S 2B4  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Richard D. Wilson  
 Member Address: 2621 Van Buren Avenue  
 Authorized Suite 550A  
 Audubon, PA 19403  
 Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 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.

DocuSigned by:  
  
 Signature of an authorized person

2019 APR 15 11:43 AM  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**PAUL DAVIS NATIONAL, 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 14, 2011.

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, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 12, 2019.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

---

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **242090-E23EA315**