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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)
(Document Number)		
Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		



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Office Use Only

38/23/14

"ÇOVER LETTER"	*0	۵

'Registration Section Division of Corporations

TO:

a and a second	Weisbrod Matteis & Copley PLLC		
SUBJECT:	Name (of Limited Liability Cor	mpany
The enclosed Existence, ar	d "Application by Foreign Limited Liability Cond check are submitted to register the above re	ompany for Authorization ferenced foreign limited	on to Transact Business in Florida," Certificate of Hiability company to transact business in Florida.
Please return	all correspondence concerning this matter to	the following:	
	Annick McPhail		
Name of Person			
Weishrod Matteis & Copley			
Firm/Company			
1200 New Hampshire Avenue NW Suite 600			
Address			
Washington, District of Columbia 20036			
	City	y/State and Zip Code	
	amcphail@wmclaw.com		
	E-mail address: (to be u	ised for future annual re	eport notification)
For further is	nformation concerning this matter, please call:		
An	nick McPhail	202 at ()	798-1522
-	Name of Contact Person	Area Code	Daytime Telephone Number
	iling Address:	Street Address:	
	gistration Section	Registration Section	
Division of Corporations		Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee		
		Tallahassee, FL	Street, Suite 810 32303
Plea	elosed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing	g Fee & 🔳 \$160.00 Filing Fee, Certificate



November 19, 2020

ANNICK MCPHIL 1200 NEW HAMPSHIRE AVE NW STE 600 WASHINGTON, DC 20036

SUBJECT: WEISBROD MATTEIS & COPLEY PLLC

Ref. Number: W20000133344

We have received your document for WEISBROD MATTEIS & COPLEY PLLC and your check(s) totaling \$160.00. 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: 920A00023391

RECEIVED
DEC 0 8 2020

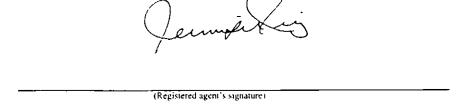
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA:

1. Weisbrod Matteis & Common Foreign	Copley PLLC on Limited Ciability Company; must include "Limite	nability Company." "L.L.C" or	"LLC.")	
Weisbrod	Matters & Copley te name adopted for the purpose of transacting business in F	da. The alternate name must include "l	Limited Liability Company," "L.L.C.	
Washington, District of Unrediction under the law of	of Columbia (which foreign limited liability company is organized)	3	(FEI number, if applicable)	
April 3, 2018	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	istration.) penalty liability)		
1200 New Hampshire Avenue NW 5. 6. (Street Address of Principal Office) (Mailing Address)		re Avenue NW		
Suite 600		Suite 600		
Washington, District	of Columbia 20036	Washington, District	t of Columbia 20036	
7. Name and street addr	r <u>ess</u> of Florida registered agent: (P.O. Box	<u>OT</u> acceptable)	#1 (7)	. • •
Name:	Jennifer Ruiz	 	. 7	
Office Address	500 East Broward BLVD Suite 1700	<u></u>	* S	
	FT Lauderdale (City)	. Florida	94	
	(City)	(2.1	n/ couc/	

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.



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:	□ Manager	Name: Stephen Weisbrod
□ Member	500 East Broward Blvd Address:	■ Member	Address:
☐ Authorized	Suite 1700	☐ Authorized	Suite 600
Person	FT Lauderdale, FL 33394	Person	Washington, DC 20036
□ Other	Other	□Other	Other
■ Manager	Ingo Burghardt Name:	□ Manager	August Matties Name:
☐ Member	500 East Broward Blvd Address:	■ Member	Address:
☐ Authorized	Suite 1700	□Authorized	Suite 600
Person	FT Lauderdale, FL 33394	Person	Washington, DC 20036
□ Other	Other	□Other	Other
☐ Manager	Steve Mason Name:	□ Manager	William Copley Name:
☐ Member	500 East Broward Blvd Address:	■ Member	1200 New Hampshire Ave NW Address:
■ Authorized	Suite 1700	☐ Authorized	Suite 600
Person	FT Lauderdale, FL 33394	Person	Washington, DC 20036
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.

	James	
	Signature of an authorized person	
Jennifer Ruiz		
-	Typed or printed name of signee	

Initial File #: L0000055797 Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

Weisbrod Matteis & Copley PLLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 09/28/2011; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 11/4/2020 1:41 PM

O AND RECEIVED OF CONTROL OF CONT

Muriel Bowser Mayor Business and Professional Licensing Administration

JOSEF G. GASIMOV

Superintendent of Corporations, Corporations Division

-Josef Gi Giasimor

Tracking #: 2VLAobEa