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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

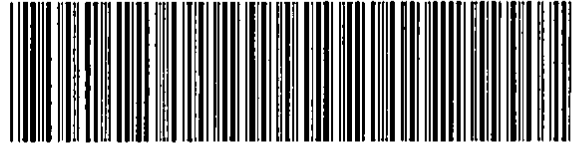
(Business Entity Name)

(Document Number)

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

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2022 AUG 19 PM 1:36

2022 AUG 19 PM 3:27

FALL WASHINGTON, FLORIDA

FALL WASHINGTON, FLORIDA

PROFESSIONAL

S. ROBERTS

AUG 19 2022

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/19/2022

**\*\*WALK IN\*\***

ENTITY NAME Booth Management Consulting LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*S. R. MO*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



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. BOOTH MANAGEMENT CONSULTING, 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. Maryland
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 7230 Lee Deforest Dr. Suite 103
Columbia, MD 21046
6. 7230 Lee Deforest Dr. Suite 103
Columbia, MD 21046
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: URS AGENTS, LLC
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(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.

Kathy Clark, Assistant Secretary
(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]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                                                | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                                              |
|---------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Robin L. Booth</u>                                             | <input checked="" type="checkbox"/> Manager | Name: <u>Shakina Rawlings</u>                                         |
| <input type="checkbox"/> Member             | Address: <u>7230 Lee Deforest Dr. #103</u><br><u>Columbia, MD 21046</u> | <input type="checkbox"/> Member             | Address: <u>7230 Lee Deforest Dr. #1</u><br><u>Columbia, MD 21046</u> |
| <input type="checkbox"/> Authorized Person  | _____                                                                   | <input type="checkbox"/> Authorized 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 Person  | _____                                                                   | <input type="checkbox"/> Authorized 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 Person  | _____                                                                   | <input type="checkbox"/> Authorized 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.

*Robin L. Booth*

Signature of an authorized person

Robin L. Booth

Typed or printed name of signee

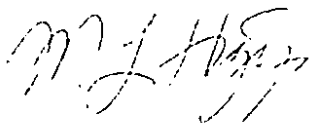
***STATE OF MARYLAND***  
***Department of Assessments and Taxation***

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BOOTH MANAGEMENT CONSULTING, LLC (W05126271), REGISTERED NOVEMBER 04, 1998, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 19, 2022.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

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