

M22000019141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

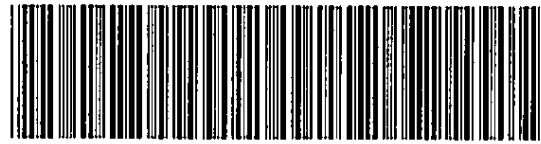
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300388939443

06/16/22--01007--014 **87.50

12/28/22--01022--020 **160.00

2022 05 20 PM 1:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Whitfield Coleman Montoya, 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:

Daniel Levine
Name of Person
Whitfield Coleman Montoya, LLC
Firm/Company
17410 133rd Ave NE Suite 301
Address
Woodinville, WA 98072
City/State and Zip Code
dlevine@milberg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Montoya at (305) 458-1797
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

**RECEIVED
DEC 22 2022**

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. Whitfield Coleman Montoya, 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. Tennessee 86-3112109
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/01/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 201 Alhambra Circle 17410 133rd Ave NE
(Street Address of Principal Office) (Mailing Address)
Suite 1100 Suite 301
Coral Gables, FL 33134-5118 Woodinville, WA 98072

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

Name: Patrick Montoya
Office Address: 1103 Ferdinand Street
Coral Gables, Florida 33134
(City) (Zip code)

2022 DEC 28 PM 1:20

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.

(Registered agent's signature)

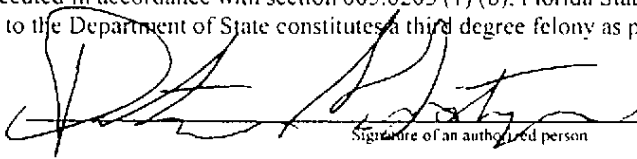
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Patrick Montoya</u>	<input type="checkbox"/> Manager	Name: <u>Gregory Coleman</u>
<input checked="" type="checkbox"/> Member	Address: <u>201 Alhambra Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>800 South Gay Street</u>
<input type="checkbox"/> Authorized Person	<u>Suite 1100</u> <u>Coral Gables, FL 33134-5118</u>	<input type="checkbox"/> Authorized Person	<u>Suite 1100</u> <u>Knoxville, TN 37929</u>
<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.



Signature of an authorized person

Patrick Montoya

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KAY BAKEMEIER
900 W MORGAN ST
RALEIGH, NC 27603

June 15, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0480505

Issuance Date: 06/15/2022
Copies Requested: 1

Document Receipt

Receipt #: 007305320

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3830997017

\$20.00

Regarding: Whitfield Coleman Montoya, PLLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 04/06/2021
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 1186632
Date Formed: 04/06/2021
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Whitfield Coleman Montoya, PLLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

Pursuant to the provisions of Rule 691-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION BELOW WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: _____ FEIN or SS No _____

Address: _____

Phone Number: _____

Amount: _____ Date Paid _____

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim.

Amount of recommended refund \$ ^{70 00} _____

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State

Treasurer's Receipt No. _____ dated _____

NAME OF ACCOUNT: _____

ACCOUNT CODE																												
4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE																												
4	5	1	0	1	0	0	0	1	3	2	4	5	3	0	0	1	0	0	0	0	2	2	0	0	2	0	0	0

CERTIFIED TRUE AND CORRECT this _____ day of _____, _____

DOS

Agency

Signature of Authorized Person
Sr. Sec. Admin. Reg. Sect.

Title