## B18000000082

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/FiloHe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
0.85.10.3
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200310877272

03/26/18--01034--007 \*\*1000.00



## COVER LETTER

TO:	Registration Section Division of Corporations				
CHOL	NOVOGRADAC CONSULTING I	LLP			
SUBJ	Name of Foreign Limited Pa	artnership o	r Limited	Liability Li	mited Partnership
partne	nclosed application, certificate of status and rship to transact business in Florida. return all correspondence concerning this		ibmitted to	o register a f	oreign limited partnership or limited liability limited
REBE	ECCA KRAMMEN				
	Contact Person		•	<u>—</u>	
NOV	OGRAĐAC & COMPANY LLP				
	Firm/Company			_	
РО В	OX 7833				
	Address			_	
SAN	FRANCISCO, CA 94120-7833				
	City, State and Zip Code			_	
СОМ	PLIANCE@NOVOCO.COM				
E-m	ail address: (to be used for future annual re	port notific	ation)	<del></del>	
For fu	rther information concerning this matter, p	lease call:			
REBE	ECCA KRAMMEN	at (	415	356 - 800	90
	Name of Contact Person	a.(	rea Code a	 and Daytime	Telephone Number
Enclos	sed is a check for the following amount:				
(\$9	.000.00 Filing Fees S1,008.75 Filing F 065 Filing Fee and and Certificate of 5 Registered Agent Status e)		.052.50 Fi d Certified		\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Regist Division Clifton	ET ADDRESS: ration Section on of Corporations n Building Executive Center Circle	Regist Divisio P. O. E	ING AD: tration Sec on of Corp Box 6327 tassee, FL	ction porations	

Tallahassee, FL 32301

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. NOVOGRADAC CONSULTING LLP		
(Name of Limited Partnership or Limited Li Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffixed	ability Limited Partnership, which must include ership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P.	
If name unavailable, name under which the limited par business in Flo	tnership or limited liability limited partnership proprida; must contain acceptable suffix.	 poses to register to transact
2. MARYLAND	3 01/30/2001	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number. 52-2292	221	
5. Name of Registered Agent for Service of Process at CHRISTINA APOSTOLIDIS		
1415 PANTHER LANE, SUITE 164		
NAPLES, FL 34109		
6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete per my position as registered agent.  Sign:	and agree to act in this capacity. I further agree to formance of my duties, and I am familiar with and with the second s	comply with the provisions accept the obligations of
7. Principal Office:	8. Mailing Address:	
4520 EAST-WEST HWY, SUITE 615	PO BOX 7833	
BETHESDA, MD 20814	SAN FRANCISCO, CA 94120-7833	
		<del></del>
9. If limited partnership is a limited liability limited p	partnership, check box.	. 50 
10. Name, principal office address, and mailing addr	ess of each general partner:	<u> 19</u> .
Name of General Partner: Please see attached.	Name of General Partner:	
Street Address:	Street Address:	7: 72
Mailing Address:	···	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:		

Name of General Partner:	Name of General Partner:				
Street Address:		_ Street Address: _			
Mailing Address:		Mailing Address:			
11. Effective date, if other than the date of fit (Effective date cannot be prior to nor more that Note: If the date inserted in this block does not document's effective date on the Department of	<i>m 90 days after the d</i> t meet the applicable	ate this document is statutory filing requ	filed by the	Florida Department of State.) nis date will not be listed as the	
12. Attached is a certificate of existence duly a Florida Department of State, by the Secretary of the law of which it is organized.	of State or other offic	ial having custody o	f the entity	very of this application to the 's records in the jurisdiction unde	
Signed this day of	March	.20	<del>_</del>		
_	Signature of	OWEN P	. GRAY	Partner of Novogradac & Company LLP - registrants	
The individual signing this document affirms the submitted in a document to the Department of	hat the facts stated he	erein are true and the	individual	is aware that false information	
Filing Fees: Certified Copy (optional): Certificate of Status (option	000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 2.50 75				

Page 2 of 2

Novogradac Consulting LLP Attachment to Florida Foreign LLP Registration Statement Partner List

1	Title	Name	Principal Office Address	Mailing Address
1	Partner	Novogradac & Company LLP	1160 Battery Street, E Bldg , 4th Fl., San Francisco, CA 94111	PO Box 7833, San Francisco, CA 94120-7833
2	Partner	Howard Blair Kincer	4520 East-West Hwy, Suite 615, Bethesda, MD 20814	PO Box 7833, San Francisco, CA 94120-7833
3	Partner	Brad Weinberg	1160 Battery Street, E Bldg., 4th Fl., San Francisco, CA 94111	PO Box 7833, San Francisco, CA 94120-7833
4	Partner	Rebecca Arthur	6700 Antioch Road, Suite 450, Merriam, KS 66204	PO Box 7833, San Francisco, CA 94120-7833
5	Partner	John Cole	11044 Research Blvd., Bldg. C #400, Austin, TX 78759	PO Box 7833, San Francisco, CA 94120-7833
5	Partner	Rachel Denton	6700 Antioch Road, Suite 450, Merriam, KS 66204	PO Box 7833, San Francisco, CA 94120-7833
7	Partner	David Boisture	4520 East-West Hwy, Suite 615, Bethesda, MD 20814	PO Box 7833, San Francisco, CA 94120-7833

## STATE OF MARYLAND Department of Assessments and Taxation

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 PARTNERSHIPS, OR THE RIGHTS OF LIMITED LIABILITY PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT NOVOGRADAC CONSULTING LLP (A06156384). REGISTERED JANUARY 30, 2001, IS A LIMITED LIABILITY PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY PARTNERSHIP 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 FEBRUARY 09, 2018.

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

Online Certificate Authentication Code; kuvCMbM1TU\_V72CGAMV8Rw To verify the Authentication Code, visit http://dat.maryland.gov/verify