F1900000363

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ac	dress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ac	idress)	-
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ci	ty/State/7ip/Phon	e #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(0)	tyrotaterzipii non	C #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Bı	isiness Entity Nai	me)
Certified Copies Certificates of Status Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:	(Do	ocument Number))
Special Instructions to Filing Officer:			
	Certified Copies	_ Certificate:	s of Status
Office Use Only	Special Instructions to	Filing Officer:	
Office Use Only			
	'	Office Use Co	



800322764898

01/17/19--01010--026 **78.75

OIS JAN 17 PM 4: 26
SECRETARY OF STATE
TALL AHASSEE, FLORID:

APPROVED AND FILED

A1419

COVER LETTER

TO:	Registration Section Division of Corporat			·	
SHRI	JECT:	De Novo Attor	ncy Servi	ces, Inc.	
SODJ	ECT.	Name of corporat	ion - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," or	y Foreign Corporation "Certificate of Good S poration to transact bus	Standing"	and check are sub	ct Business in Florida," omitted to register the
Please Susan	return all correspondo V. Boone	ence concerning this ma	itter to the	e following:	
De No	ovo Attorney Services, Inc	Name	of Person	1	
3300 I	airchild Gardens Avenue	Firm/C PO Box 30786	Company		
Palm I	Beach Gardens, FL33420		idress		
sboone	e@denovoattorneyservice	City/Star	e and Zip	code	
	E	mail address: (to be us	ed for fut	ure annual report	notification)
For fu	rther information conc	erning this matter, plea	se call:		
Susan	V. Boone	443	69	0.8892	
	Name of Person	at (Area C		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the fe	ollowing amount:			
□ \$ 7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee. Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. De Novo Attorney Services, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) n/a 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 30 E. Padonia Rd. Suite 207, Timonium, MD 21093 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Peter Barber Name: 5045 Sesame St. Office Address: Palm Beach Gardens Florida (City) (Zip code)

Registered agent's acceptance:

laving been named as registered agent and to accept service of process for the above stated corporation at the place 'esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my uties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction or the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Susan Boone Chairman: 3300 Fairchild Gardens Avenue #30786 Address: Palm Beach Gardens, FL 33420 Vice Chairman: Address: ____ Director: _ Address: Director: Address: **B. OFFICERS** Susan Boone President: 3300 Fairchild Gardens Avenue #30786 Address: Palm Beach Gardens, FL 33420 Vice President: \ddress: asurer: TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein ue and that he or she is aware that false information submitted in a document to the Department of State constitutes d degree felony as provided for in s.817.155, F.S. Jusan Boone, President - De Novo Attorney Services, Inc.

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 THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DE NOVO ATTORNEY SERVICES, INC. (D14426951), INCORPORATED NOVEMBER 09, 2011, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

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 JANUARY 14, 2019.

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: V4GP-46fPEOD4fG1KhbnNA To verify the Authentication Code, visit http://dat.maryland.gov/verify