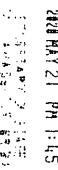
20000023

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 21 2020 M. SOLOMON

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SUBJ	ECT: Symphony Place Name of corpora	ments LTD ition - must include suffix				
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good referenced foreign corporation to transact bu	Standing" and check are submitte				
	return all correspondence concerning this management of the second secon					
	Jumphony Placem	e of Person M + 5. Company				
_	POI OLD PADONIA	Kd.				
	eckeysu. 11e Md					
<u> W</u>	City/Sta Sm, 4h @ Sympho. E-mail address: (to be us	ite and Zip code <u>NGP / A CEMUM</u> sed for future annual report notif	15. com			
	ther information concerning this matter, plea					
WA	Name of Person at (Hara	13) 279 · 4550 Code Daytime Telephone	Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	RESS: on rations			
Please i	ed is a check for the following amount: make check payable to: FLORIDA DEPARTM .00 Filing Fee		\$87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	DREIGN CORPORATION TO TRANSACT I	TATUTES. THE FOLLOWING IS SUBMITTEL BUSINESS IN THE STATE OF FLORIDA) TO		
1 Jun	nohowy Placements	Jan Iva			
"lnc.," "Co.," "(corporation; must include "INCORPORATED, Corp," "luc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
Sy	mphory Placement	43.			
2. / /	aryland.	adopted for the purpose of transacting business in F	larida)		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4	c of incorporation) 5.	· · · ·			
6. Expe	et by 6/1/20	(Dute of duration, if other than perpetual)			
- 222	(SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
1.17888	67th Court North,	Loxobotcheo Fi	(3	3347	10
17888	67th Court North	Soyahatchee FL	3:	34 <i>7</i>	ر ا
	(Current mailing	address, if different)			
8. Name and street	et address of Florida registered agent: (P.O.		Thisp Ch	29 29 29	
Name:	InCorp Services, Inc.	. Box NOT acceptable)	मार्की इ.स. इ.स. इ.स. १८स	HAY 2	
Office Address:	17888 67th Court North		9 A	- PH	الأ :
	Loxahatchee	, Florida 33470	 #11 · 7	<u>→</u>	Ţ
ي ي ي	(City)	(Zip code)	n7 11	Ç.	
9. Registered age	ent's acceptance:	desirance of the control of the cont		- وليواد	,- ₁
Having been named designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes re-	of process for the above stated corporation a ent as registered agent and agree to act in this lative to the proper and complete performance			
and I am familiar	with and accept the obligations of my posi	tion as registered agent.	ormy i	duties,	
	Trum Vincent	Rojo on behalf of InCorp Services, Inc.			
	(Registered agent's sign	dature)			
	ertificate of existence duly authenticated, n State, by the Secretary of State or other offi hich it is incorporated.	ot more than 90 days prior to delivery of this a cial having custody of corporate records in the	pplicati jurisdir	on to	

under the law of which it is incorporated.

^{11.} For initial indexing purposes, fist names, titles and addresses of the primary officers and/or directors (up to six (6) total);

A. DIRECTORS				
Chairman		Chairman	Name:	
□Vice Chairman	Address: 30/ Old Padamia	Vice Chairman		
□Director	Cockeysu, 1/e /9d 210	Director □		
□President		□ President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman □Vice Chairman	Name Marta Charatel Address: 20/ Old Padonia K	7 .		
□Director	Cochespille nd 810	30 □Director		
President	, <u> </u>	□President		1/2 mino 1/2 / 2/3
□Vice President		□Vice President		
□ Secretary:	□Treasurer	☐ Secretary		☐Treasurer,
□Other	Other	Other		Others 5
□ Chairman	Name:	□Chairman	Name;	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□ Director		·
□ President .		□ President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	□Other		□Other
The officer or direct she is aware that fals s.817.155, F.S.	Signature of Director or signing this document (and who is listed in num see information submitted in a document to the Department of the	r or Officer	t the facts star	
13WA	NAA L. Smith			

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 SYMPHONY PLACEMENTS LTD. (D11043833). INCORPORATED JANUARY 05, 2006. 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, FRAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 07, 2020.

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: Kw5khzDTnU2Vp3DYOpVZag To verify the Authentication Code, visit http://dat.maryland.gov/verify



April 20, 2020

WANDA L SMITH 201 OLD OADONIA RD COCKEYSVILLE, MD 21030

SUBJECT: SYMPHONY PLACEMENTS LTD

Ref. Number: W20000038839

We have received your document for SYMPHONY PLACEMENTS LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

DECENTED NAY 67 2.3

Letter Number: 720A00008205



May 8, 2020

WANDA L SMITH 201 OLD OADONIA RD COCKEYSVILLE, MD 21030

SUBJECT: SYMPHONY PLACEMENTS LTD

Ref. Number: W20000038839

We have received your document for SYMPHONY PLACEMENTS LTD. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 320A00009473

RECEIVED MAY 2 1 2020