John A. Dolan Associates, L.L.C.

(Firm

120 East Ninth Avenue - Suite 3

☐ Will wait

Runnemede, NJ 08078

Office Use Only

Certificate of Status

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
	(Corporation Name)		-
2.		<u> </u>	_
	(Corporation Name)	(Document #)	
2		800003495898 	5
٠	(Corporation Name)	(Document #) *****46,25 *****46,2	5
4		(Discourant 4)	<u></u>
	(Corporation Name)	(Döcument #)	
Taylotte in	Dick up time	Certified Copy	

NEW BILLINGS
Profit
NonProfit
 Limited Liability
Domestication
Other

Mail out

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

Photocopy

OTHER STRIVES
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

FILED

00 JAN 23 PN 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/23

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 14, 2000

JOHN A DOLAN 120 EAST 9TH AVENUE, STE 3 RUNNEMEDE, NJ 08078

SUBJECT: JOHN A DOLAN ASSOCIATES, L.L.C.

Ref. Number: W00000029342

We have received your document for JOHN A DOLAN ASSOCIATES, L.L.C. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$46.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days op your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calk (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00063044

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. New Jersey (Jurisdiction under		mme	ed liability company)
(surragionon unde	r the law of which foreign limited liability	3.	22-3752425
company is organi	zed)		(FEI number, if applicable)
4. <u>August 200</u> 0)	5,	Perpetual
(D	ate of Organization)		(Duration: Year limited liability company will ceas exist or "perpetual")
. <u>Upon Qualif</u> :	ication		
· - (D	ate first transacted business in Florida. (See	sect	tions 608.501, 608.502, and 817.155, F.S.)
. <u>120 East Ni</u>	nth Avenue - Suite 3		
Runnemede, 1			
	(Street address of	of pri	incipal office)
If limited liabil	lity company is a manager-managed	con	npany, check here 🔲 💮 🚆 💍
The name and	usual husiness addresses of the mone		g members or managers are as follows -
. The hame and	usual business addresses of the mana	ığını	
<u> John A. Dola</u>	an, P.E., President		23 SSEE
120 East Nim	nth Avenue - Suite 3		PH ST.
			ATE ATE
Runnemede, M	IJ 08078		

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
John A. Dolan Associates, L.L.C.		
2. The name and the Florida street address of the registered agent and office are:		
John A. Dolan		
(Name)		
116 Seagrape Drive		
Florida street address (P.O. Box NOT ACCEPTABLE)	8	
i La	_	
17.7 min		$\overline{1}$
Jacksonville Beach FL 32250	2	=
City/State/Zip	ယ	m
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	湿	-
		<u> </u>
Having been named as registered agent and to accept service of process for the above stated	imita	rd
liability company at the place designated in this certificate, I hereby accept the appointment	0,	
· · · · · · · · · · · · · · · · · · ·	_	
agent and agree to act in this capacity. I further agree to comply with the provisions of all st		
relating to the proper and complete performance of my duties, and I am familiar with and ac	cept ti	re
obligations of my position as registered agent as provided for in Chapter 608, F.S		
		_

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



