

107 00000 2523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

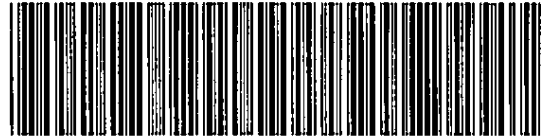
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P Marshall and Associates LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia A. Harris, Esq.

Name of Person

LicenseSure LLC

Firm/Company

801 Second Avenue, 15th Floor

Address

New York, NY 10017

City/State and Zip Code

pharris@licensesure.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia A. Harris, Esq.

at (844) 554-2367

Name of 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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: P Marshall and Associates, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M07000002523

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: April 30, 2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

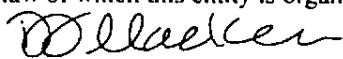
Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Manager/Member: add Managers

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|---------------------|---|--|
| MGR | Josh Delman | 750 W Center St #301 West Bridgewater, MA 02379 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| MGR | Don MacKenzie | 750 W Center St #301 West Bridgewater, MA 02379 | <input checked="" type="checkbox"/> Add |
| MGRM | Patrick W. Marshall | 1000 Holcomb Woods Pkwy, Suite 210 Roswell, GA 30076 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Don MacKenzie, Manager

Typed or printed name of signee

Filing Fee: \$25.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:20 AM 12/06/2021
FILED 08:20 AM 12/06/2021
SR 20213982089 - File Number 6443857

Certificate of Conversion

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Georgia.

- 2) The jurisdiction immediately prior to filing this Certificate is Georgia.

- 3) The date the Non-Delaware Limited Liability Company first formed is December 19, 2003.

- 4) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is P. Marshall & Associates, LLC.

- 5) The name of the Limited Liability Company as set forth in the Certificate of Formation is P. Marshall & Associates, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 6th day of December, A.D. 2021.

By: 12
Authorized Person
Name: Patrick W. Marshall
Print or Type

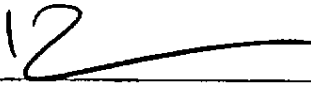
State of Delaware
Secretary of State
Division of Corporations
Delivered 08:20 AM 12/06/2021
FILED 08:20 AM 12/06/2021
SR 20213982089 - File Number 6443857

Certificate of Formation

**STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY**

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is P. Marshall & Associates, LLC.
2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive, in the City of Wilmington, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company.

By: 

Authorized Person

Name: Patrick W. Marshall
Print or Type