

MD8 0000000111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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**T. CLINE**

JAN - 8 2008

**EXAMINER**

2008 JAN - 7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MD8-1



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2007

R. JONATHAN GUTHRIE  
537 MARKET COURT, SUITE 202  
CHATTANOOGA, TN 37402-1240

SUBJECT: SOCIAL SECURITY ADVOCATES, LLC  
Ref. Number: W07000061656

We have received your document for SOCIAL SECURITY ADVOCATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 907A00071218

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PATRICK, BEARD, SCHULMAN & JACOWAY, P.C.

A PROFESSIONAL CORPORATION

ATTORNEYS AND COUNSELORS AT LAW

SUITE 202, MARKET COURT

537 MARKET STREET

CHATTANOOGA, TENNESSEE 37402-1240

GARY R. PATRICK\*  
JOHN W. BEARD\*  
RICHARD A. SCHULMAN  
STEVEN M. JACOWAY\*  
CARA J. ALDAY\*  
JERRE B. MOSLEY  
R. JONATHAN GUTHRIE  
CARTER J. LYNCH, III  
L. BLAIR BENNINGTON  
SUSIE LODICO

TELEPHONE (423) 756-7117  
FACSIMILE (423) 267-5032

R. JONATHAN GUTHRIE  
E-MAIL Address:  
jguthrie@pbslaw.com

December 19, 2007

\* ALSO LICENSED IN GEORGIA

VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

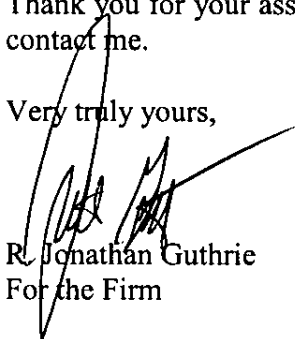
Re: Social Security Advocates, LLC  
Application to Transact Business in Florida

Dear Madam or Sir:

Enclosed please find the Cover Letter, Certificate of Designation, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with attached original Tennessee Articles of Organization information as well as our firm's check in the amount of \$160.00 to cover filing fees for these documents. Also enclosed is a return Federal Express envelope and waybill for our return copies.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
R. Jonathan Guthrie  
For the Firm

RJG/gb  
Enclosures

cc: Ms. Jessica Carasquillo

F:\WpDocs\CLIENT\C\Carasquillo 103520 10388\Corporate\FL Dept of Corp ltr geb 12-19-07.doc

FILED  
2008 JAN -7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PATRICK, BEARD, SCHULMAN & JACOWAY, P.C.

A PROFESSIONAL CORPORATION

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TELEPHONE (423) 756-7117  
FACSIMILE (423) 267-5032

R. JONATHAN GUTHRIE  
E-MAIL Address:  
jguthrie@pbsjlaw.com

January 7, 2008

\* ALSO LICENSED IN GEORGIA

VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Social Security Advocates, LLC  
Application to Transact Business in Florida

Dear Madam or Sir:

Enclosed please find the Cover Letter, Certificate of Designation, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with attached Certificate of Existence. We previously forward our firm's check in the amount \$160.00 to cover the filing expenses for these documents. Also enclosed is a return Federal Express envelope and waybill for our return copies.

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Very truly yours,

  
R. Jonathan Guthrie  
For the Firm

R/G/gb

Enclosures

cc: Ms. Jessica Carasquillo

F:\WP\Docs\CLIENT\C\Carasquillo 103520 10388\Corporate\FL Dept of Corp ltr geb 01-07-08.doc

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2008 JAN -7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Social Security Advocates, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

R. Jonathan Guthrie

(Name of Person)

Patrick, Beard, Schulman & Jacoway, P.C.

(Firm/Company)

537 Market Street, Suite 202

(Address)

Chattanooga, Tennessee 37402

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Jonathan Guthrie

(Name of Person)

at ( 423 ) 756-7117

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JAN - 7 PM 3:13

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

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

1. **Social Security Advocates, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**Social Security Advocates of Tennessee, 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 include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Tennessee**

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. **November 21, 2007**

(Date of Organization)

5.

**Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **3505 Adkisson Drive, NW, Suite 158**

**Cleveland, TN 37312**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**Jessica Carasquillo**

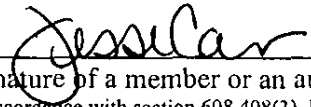
**3505 Adkisson Drive, NW, Suite 158**

**Cleveland, TN 37312**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **represent clients in**

**Social Security disability matters.**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Jessica Carasquillo**

Typed or printed name of signee

2008 JAN - 7 PM 3:13  
RECEIVED  
TAMM HALL  
FLORIDA  
SECRETARY OF STATE

**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:

**Social Security Advocates, LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

**Social Security Advocates of Tennessee, LLC**

2. The name and the Florida street address of the registered agent and office are:

**Jeanette Roman**

(Name)

**3218 East Colonial Drive, Suite G**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

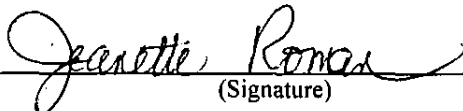
**Orlando**

**FL**

**32803**

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes.*



(Signature)

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

2008 JAN -7 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Secretary of State**  
**Division of Business Services**  
**312 Eighth Avenue North**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 12/28/2007  
REQUEST NUMBER: 07362522  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/21/2007  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0563743  
JURISDICTION: TENNESSEE

TO:  
PATRICK BEARD SCHULMAN JACOWAY  
537 MARKET ST  
STE 202  
CHATTANOOGA, TN 37402-1240

REQUESTED BY:  
PATRICK BEARD SCHULMAN JACOWAY  
537 MARKET ST  
STE 202  
CHATTANOOGA, TN 37402-1240

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SOCIAL SECURITY ADVOCATES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF  
FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/28/07

FROM:  
PATRICK BEARD SCHULMAN & JACOWAY, P.C.  
MARKET COURT STE 202  
537 MARKET STREET  
CHATTANOOGA, TN 37402-0000

RECEIVED:	FEES	
	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00004303237  
ACCOUNT NUMBER: 00101848



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE