# MIDOCOCOSTIA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiless Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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#### **COVER LETTER**

TO: '

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Jack Palmer			С	
		Name o	of Limited Lia	bility Company		
The er Existe	nclosed "Application by Foreignce, and check are submitted	gn Limited Liability to register the abov	v Company for e referenced f	r Authorization foreign limited lia	to Transact Business in Flori ability company to transact b	ida," Certificate of ousiness in Florida
Please	return all correspondence cor	ncerning this matter	to the follow	ing:		
	<del></del>		lack Palme			
			Name of F	erson		
		Jack Pa	meri & As	sociates, PL	LC	
			Firm/Com	pany		
2851 NE			E 183 Stre	et, Unit 317I	<b>E</b>	_
			Addre	SS		
			Miami, FL			
		C	ity/State and	Zip Code		
		JPalmer		iLawFirm.co		<del></del>
For fu	rther information concerning t	•		c aaar roport	. notification)	
- 44-		produce	<b></b> .			
	Jack Pain Name of	····	at (		915-6550	<del></del>
				& Daytime Telep	onone Number	
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations			
	Registration Section		egistration Se	•		
	P.O. Box 6327		lifton Buildin			
	Tallahassee, FL 32314	20		Center Circle		
Enclo	sed is a check for the fol	lowing amount:				
	\$125.00 Filing Fee	\$130.00 Filing Fe Certificate of St		55.00 Filing Fee Certified Co		



October 13, 2010

JACK PALMERI, ESQ 2851 NE 183 STREET, UNIT 317E MIAMI, FL 33160

SUBJECT: JACK PALMERI & ASSOCIATES, PLLC

Ref. Number: W10000048054

We have received your document for JACK PALMERI & ASSOCIATES, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Letter Number: 310A00024240

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

### 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:

	•				
1.	Jack Palr	neri & As	sociates, PLLC "Limited Liability Company," "L.L.C.,"	//	
(Name of Foreig				or "LLC.")	
75.6			sociates, LLC		<b>-</b> .
	s or managing members adopt		of transacting business in Florida and atta- ite name. The alternate name must include		
2.	New York	3	74-3191531		
(Jurisdiction under the company is organized	New York ne law of which foreign limited)	d liability	74-3191531 (FEI number, if applicable	:)	w-t-
4. Oct	ober 12, 2006 of Organization)	<b>5</b> .	perpetual (Duration: Year limited liability compar		
(Date	of Organization)	<del></del>	(Duration: Year limited liability comparexist or "perpetual")	y will cease to	,
6. N/A					
	(Date first transacted but (See sections 608.501 & 6	siness in Florid 08,502 F.S. to	la, if prior to registration.) determine penalty liability)		_
7. 244-14 Jericho	Tpke, Floral Park, NY	11001			
					_
	(Stre	et Address of	Principal Office)		
	·		· ·		
8. If limited liabilit	y company is a manager-	-managed co	ompany, check here		
9. The name and us	sual business addresses o	f the manag	ing members or managers are as fo	llows:	
Jack Palmeri,	Esq 2851 NE 183 St	treet, Unit 3	317E, Miami, FL 33160		_
			•		
<del></del>		<u> </u>			<del></del>
		_			
_		-	sold, duly authenticated by the official havi snot acceptable. If the certificate is in a fore	-	
	ate under oath of the translator r			rgi i airiguage, a	,
11. Nature of busin	ess or purposes to be cor	uducted or p	romoted in Florida: _legal se	ethices.	<u>.                                    </u>
					22.27
	///			228 三	man provident
		2/1	<u> </u>	5	is Secure and the
			orized representative of a member.	第三	E g 'A
	an affirmation under the pen	altics of perjury	the execution of this document constitutes that the facts stated herein are true.)	4: 2 STAT FLORI	الفشية
		Jack F	almeri		
	Typed	or printed n	ame of signee	<i>-</i>	

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Jack Palmeri & Associates, PLLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
New York
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Jack Palmeri & Associates, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: October 4, 2010
Signature(s) of Manager(s) and/or Managing Member(s)
Jack Palmeri, Esq.

## ÇERTIFICATE 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:						
Jack Palmeri & Associates, PLLC						
If unavailable, the alternate to be used in the state of Florida is:						
Jack Palmeri & Associates, LLC						
2. The name and the Florida street address of the registered agent and office are:  Jack Palmeri, Esq.						
(Name)						
2851 NE 183 Street, Unit 317E  Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Miami <sub>FL</sub> 33160						
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)

# State of New York Department of State } ss:

I hereby certify, that JACK PALMERI & ASSOCIATES, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/12/2006, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.



\* \* \*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 21st day of September two thousand and ten.

First Deputy Secretary of State