

M11000001016

ADVOCATE CONSULTING

Feb 25 2011 12:25pm P001/005

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000051159 3)))



H110000511593ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC  
Account Number : I20090000001  
Phone : (239) 213-0066  
Fax Number : (239) 213-0698

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
936MP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
11 FEB 25 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 25 AM 8:11

## COVER LETTER

(((H11000051159 3)))

ATX1

TO: Registration Section  
Division of Corporations

SUBJECT: 936MP, 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:

RACHEL HALL

Name of Person

ADVOCATE CONSULTING LEGAL GROUP, PLLC

Firm/Company

3073 HORSESHOE DR S STE 210

Address

NAPLES, FL 34104

City/State and Zip Code

RACHELH@ADVOCATETAX.COM

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

For further information concerning this matter, please call:

RACHEL HALL

at (888) 325-1942

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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

(((H11000051159 3)))

**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. 936MP, LLC

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

2. DELAWARE(Jurisdiction under the law of which foreign limited liability  
company is organized)3. 27-0982192

(FEI number, if applicable)

4. 8/25/2009

(Date of Organization)

5. PERPETUAL(Duration: Year limited liability company will cease to  
exist or "perpetual")6. 3/1/2011(Data first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)7. 222 LAKEVIEW AVE., #1510WEST PALM BEACH, FL 33401

(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:

THOMAS D. O'MALLEYMARY ALICE O'MALLEY222 LAKEVIEW AVE., #1510222 LAKEVIEW AVE., #1510WEST PALM BEACH, FL 33401WEST PALM BEACH, FL 33401

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, a 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: EQUIPMENT LEASING  
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. I am aware that any false information submitted in a  
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS D. O'MALLEY

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 25 AM 8:11

**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:

936MP, LLC

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

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

THOMAS D. O'MALLEY

(Name)

222 LAKEVIEW AVE. #1610

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

WEST PALM BEACH

FL 33401

City/State/Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 25 AM 8:11

*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)

(((H11000051159 3)))

# Delaware

PAGE 1

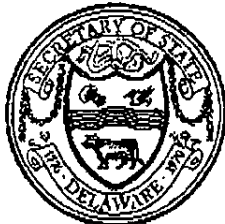
*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "936MP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2011.

4724141 8300

110183528

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8572154

DATE: 02-18-11

(((H11000051159 3)))