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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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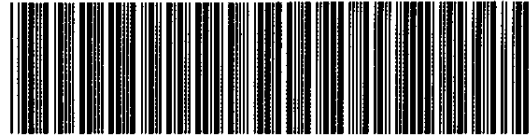
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. LEWIS
OCT 10 2012
EXAMINER

CRS Licensing, LLC

Licensing. It's what we do.



1959 Meadow Lane
Wyomissing, PA 19610

Phone: (610) 741-6315

Fax: (610) 741-6318

E-mail: mlittlejohn1959@comcast.net

October 3, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign LLC
Professional Disability Associates, LLC

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by Professional Disability Associates, LLC, requesting a Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$130
- Certificate of Existence from Maine
- One original and one copy of the application

Professional Disability Associates authorizes CRS Licensing, LLC to represent its company and to correspond directly with your department on its behalf.

Please direct any correspondence regarding the enclosed application to me at the address above.

Thank you in advance for your consideration of this application.

Sincerely,

A handwritten signature in cursive script that reads "Mary Littlejohn-Garber".

Mary Littlejohn-Garber

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Disability Associates, 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:

Mary Littlejohn-Garber

Name of Person

CRS Licensing, LLC

Firm/Company

1959 Meadow Lane

Address

Wyomissing, PA 19610

City/State and Zip Code

Tcharest@pdmaine.com (Thom Charest)

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

For further information concerning this matter, please call:

Mary Littlejohn-Garber

Name of Person

at (610)

741-6315

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

**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. Professional Disability Associates, LLC

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

PDA 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. Maine

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

3. 01-0542661

(FEI number, if applicable)

4. 01/26/01

(Date of Organization)

5. Perpetual

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

6. Upon qualification

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

7. 100 Commercial Street, Suite 220

Portland, ME 04101

(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:

Donald Abbott, 100 Commercial Street, Suite 220, Portland, ME 04101

Alphonse Hemond, 100 Commercial Street, Suite 220, Portland, ME 04101

Kevin Riley, 100 Commercial Street, Suite 220, Portland, ME 04101

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:

The transaction of all lawful business permitted under the laws of Florida


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.)

Alphonse Hemond, President/Manager

Typed or printed name of signer

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DIVISION OF CORPORATION
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**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:

Professional Disability Associates, LLC

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

PDA

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

NRAI Services, Inc.

(Name)

515 East Park Avenue

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

Tallahassee

FL 32301

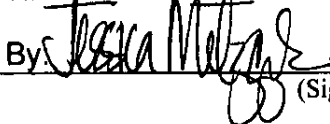
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

NRAI Services, Inc.

By



Jessica Metzger, Assistant Secretary

(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 Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that PROFESSIONAL DISABILITY ASSOCIATES, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is January 26, 2001.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-sixth day of September 2012.



A handwritten signature in black ink, reading "Charles E. Summers, Jr.", written over a horizontal line.

Charles E. Summers, Jr.
Secretary of State