

M14000603423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

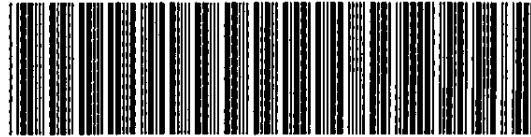
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 13 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 21 2014

Stephanie B. Freeman
4655 Ortega Farms Circle
Jacksonville, FL 32210

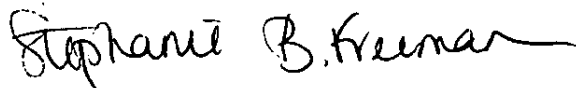
May 9, 2014

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

Dear Sir or Madam,

Please accept this application by foreign limited liability company for authorization to transact business in Florida. I am requesting that my foreign corporation, The Municipal Group, LLC formed in Pennsylvania may transact business in Florida, as we have moved here due to my husband's active duty status at NAS Jacksonville. Thank you in advance for your assistance in expediting this request.

Sincerely,

A handwritten signature in black ink that reads "Stephanie B. Freeman". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Stephanie B. Freeman
Email: stephaniebfreeman@gmail.com
Phone: (814) 823-1880

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Municipal Group, 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:

Stephanie Freeman

Name of Person

The Municipal Group, LLC.

Firm/Company

4655 Ortega Farms Circle

Address

Jacksonville, FL 32210

City/State and Zip Code

stephaniebfreeman@gmail.com

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

For further information concerning this matter, please call:

Stephanie Freeman

Name of Contact Person

at (**814**) **8231880**

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. The Municipal Group, LLC.

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

The Municipal Group of Florida, LLC.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania

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

3. 20-8625131

(FEI number, if applicable)

4. Have not transacted business yet in FL

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4655 Ortega Farms Circle

Jacksonville, FL 32210

(Street Address of Principal Office)

6. 4655 Ortega Farms Circle

Jacksonville, FL 32210

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Stephanie Freeman, Owner

4655 Ortega Farms Circle

Jacksonville, FL 32210

8. 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)

Stephanie B. Freeman

Signature of an authorized person

(In accordance with section 605.0203, 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.)

Stephanie B. Freeman

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

The Municipal Group, LLC.

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

The Municipal Group of Florida, LLC.

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

Stephanie Freeman

(Name)

4655 Ortega Farms Circle

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

Jacksonville

FL 32210

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 605, Florida Statutes.

Stephanie B. Freeman

(Signature)

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

FILED
14 MAY 13 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

MAY 9, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

The Municipal Group, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Secretary of the Commonwealth