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NAME:

MCADAM LLC

TYPE OF FILING: APPLICATION

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**AUTHORIZATION:** 

#### **COVER LETTER**

	ration Section on of Corporations					
SUBJECT: 1	/IcAdam L		ted Liability Company	·		
The enclosed "/ Existence, and o	Application by Foreig check are submitted t	n Limited Liability Cor o register the above refi	mpany for Authorizatio	on to Transac I liability con	t Business in Flori npany to transact b	da," Certificate of ousiness in Florida
Please return all	l correspondence cor	cerning this matter to th	ne following:			
	BeeSian	Yap		_		
			Name of Person			<del></del>
	Hambur	ger Law Fir	m, LLC			
			Firm/Company			
	61 W. Pa	alisade Ave	<b>)</b>			
	Englewe	od NI 076	Address			<del>.</del>
	Ligiewo	od, NJ 076	/State and Zip Code			<del>_</del>
	mike@m	cadam.cor	-			
		E-mail address: (to be u	sed for future annual rep	ort notification	1)	<del></del>
For further info	rmátion concerning	his matter, please call:				
Da	wn Hertz	el	201	705-	1215	
	Name of	Contact Person	Area Code	Daytim	e Telephone Numbe	r
Divisi Regist P.O. B	ING ADDRESS: on of Corporations tration Section Sox 6327 tassee, FL 32314	Divis Regi: Clifto 2661	EET ADD RESS: ition of Corporations stration Section on Building Executive Center Circ hassee, FL 32301	:le		
Enclosed is a	a check for the fo 25.00 Filing Fee	llowing amount:  3 \$130.00 Filing Fee & Certificate of Status	: \$155.00 Filing Certified Copy	•	\$160.00 Filing Fe of Status & Certi	•

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 1880 John F Kennedy Blvd., Ste 1600, Philadelphia, PA 191032 (Street Address of Principal Office) 6. 1880 John F Kennedy Blvd., Ste 1600, Philadelphia, PA 19103 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael McAdam, Member 1880 John F Kennedy Blvd., Ste 1600, Philadelphia, PA 19103 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) 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.)

BeeSian Yap, Authorized Person

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 Concentration McAdam LLC	ompany is:	
If unavailable, the alternate to be used i	n the state of Florida is:	<del>.</del>
2. The name and the Florida street add	ress of the registered agent and office are:	14 SEE
Paracorp Inc	LLAHA.	
	(Name)	TAR)
155 Office Plaza Drive, 1st Floor		E P
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SA F
Tallahassee	32301 FL	+ 15 10A
	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,

Edward W. Noyer ASST SEC. (Signature)

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

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCADAM 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 SIXTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCADAM LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

4 OCT -7 PH L: LS ECRETARY OF STATE LLAHASSEE, FI DOID

5491712 8300

141257263

AUTHENTYCATION: 1755505

DATE: 10-06-14

You may verify this certificate online at corp.delaware.gov/authver.shtml