

MI 500 0002752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

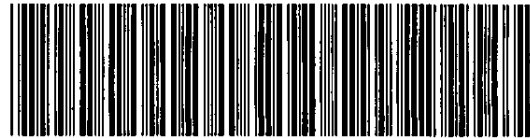
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

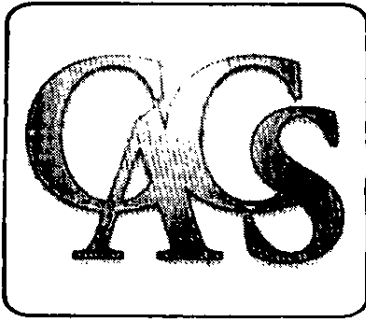


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15 MAR 12 AM 8:33
MAR 12 2014
MAR 12 2014

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CAPE CORAL ACCOUNTING SERVICE, LLC

Established 1961

February 27, 2015

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

To Whom It May Concern:

This registrations is in response to the conversation held with Tammi. Please register this company as a foreign entity. Justin Sciver is holding the payment for this registration.

Please see attached forms and additional correspondence on this matter. If more information is needed please contact us at 239-542-2558.

Sincerely,

Lori Moore. E.A.
Cape Coral Accounting Service LLC.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

MARK MARCHESE
1226 SW 50TH ST
CAPE CORAL, FL 33914

SUBJECT: MARCHESE & ASSOCIATES LLC
Ref. Number: W14000055485

We have received your document for MARCHESE & ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00019440

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marchese & 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:

Mark Marchese

Name of Person

Firm/Company

1226 SW 50th St

Address

Cape Coral, FL 33914

City/State and Zip Code

Imoore@capecoralaccounting.com

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

For further information concerning this matter, please call:

Mark Marchese

Name of Contact Person

703

Area Code

565-8188

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

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 "LLC.")

2 Virginia

47-1261819

(Per member, if applicable)

07/29/2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

1226 SW 50th St

Cape Coral Florida 33914

(Street Address of Principal Office)

1226 SW 50th St

Cape Coral Florida 33914

(Martinez Address)

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

Mark Marchese

1226 SW 50th St

Cape Coral Florida 33914

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 955.0203, F.S., the execution of this document constitutes an affirmation under the penalty 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. 817.153, F.S.)

Mark Marchese

Typed or printed name of signee

15 MAR 12 AM 8:33

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**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:

Marchese & Associates 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:

Mark Marchese

(Name)

1226 SW 50th St

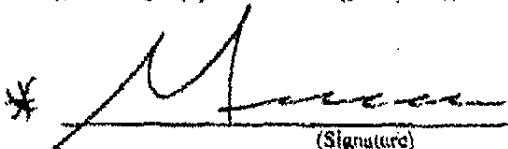
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Cape Coral

33914

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.


(Signature)

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

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Marchese & Associates LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 7, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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STATE

*Signed and Sealed at Richmond on this Date:
August 27, 2014*



Joel H. Peck
Joel H. Peck, Clerk of the Commission