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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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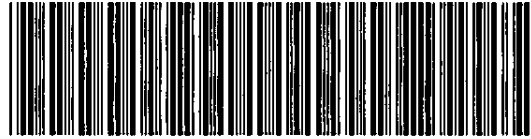
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

KEY O'KEEFE
4608 CHASTAIN DR
MELBOURNE, FL 32940

SUBJECT: O'KEEFE, SOMERVILLE & ASSOCIATES PLLC
Ref. Number: W15000074191

We have received your document for O'KEEFE, SOMERVILLE & ASSOCIATES PLLC 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 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.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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: 315A00023814

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'Keefe, Somerville & Associates PLLC

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:

Key G. O'Keefe

Name of Person

O'Keefe, Somerville & Associates PLLC

Firm/Company

4608 Chastain Drive

Address

Melbourne, FL 32940

City/State and Zip Code

kgokeefe@cfl.rr.com

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

For further information concerning this matter, please call:

Key G. O'Keefe

321

446-8666

at (_____) _____

Name of Contact 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

**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:

1. O'Keefe, Somerville & Associates LLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

O'Keefe, Somerville & Assoc 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. Virginia 3. 20-1929397
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Scheduled to open December 1, 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6767 N Wickham Rd, Suite 400 M
Melbourne, FL 32940
(Street Address of Principal Office)

6. 4608 Chastain Drive
Melbourne, FL 32940
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Key G. O'Keefe
Office Address: 4608 Chastain Drive
Melbourne, Florida 32940
(City) (Zip code)

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Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Key G. O'Keefe
(Registered agent's signature)

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

Key G. O'Keefe	Member	4608 Chastain Dr	Melbourne, FL 32940
John Somerville	Member	18 Bent Creek Ct	Stafford, VA 22556

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Key G. O'Keefe
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Key G, O'Keefe
Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That O'Keefe, Somerville & Associates PLLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 4, 2015; 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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TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
November 4, 2015*



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