

M15000010260

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

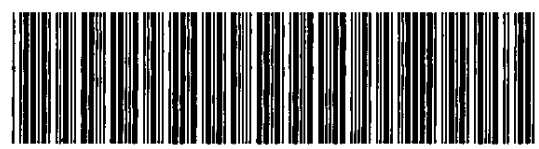
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
CORRECTION TO DOCUMENT PER  
CONVERSATION WITH  
PATRICIA HARRIS, ESQ.  
12/23/2015 KS  
  
MGR + CWO W15-80319

Office Use Only



100279508631

12/10/15--01023--026 \*\*125.00

FILED  
2015 DEC 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 23 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2015

PATRICIA A HARRIS, ESQ.  
LICENSESURE LLC  
801 SECOND AVE, 15TH FLOOR  
NEW YORK, NY 10017

SUBJECT: LICENSESURE LLC  
Ref. Number: W15000080319

We have received your document for LICENSESURE 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 615A00026127



December 22, 2015

*VIA FACSIMILE*

850-245-6030

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Attn: Karen

Re: Application by Foreign Limited Liability Company for  
Authority to Transact Business in Florida – LicenseSure LLC

Dear Karen:

Thank you for your patience; I managed to resend you the original, incomplete Application by Foreign Limited Liability Company for Authority to Transact Business in Florida for LicenseSure LLC, and am now sending it with Section 8 revised to include my capacity (and checking it twice, just like Santa and his list).

If you need anything else, please feel free to call me at 844-554-2367. Thank you for your assistance and Happy Holidays!

Sincerely,

  
Patricia A. Harris, Esq.

RECEIVED  
15 DEC 22 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LicenseSure 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:

Patricia A. Harris, Esq.

\_\_\_\_\_  
Name of Person

LicenseSure LLC

\_\_\_\_\_  
Firm/Company

801 Second Avenue, 15th Floor

\_\_\_\_\_  
Address

New York, NY 10017

\_\_\_\_\_  
City/State and Zip Code

pharris@licensesure.biz

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

For further information concerning this matter, please call:

Patricia Harris

212

300-1444

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. LicenseSure LLC

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

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

2. New York

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. 801 Second Avenue, 15th Floor

New York, NY 10017

(Street Address of Principal Office)

6. 801 Second Avenue, 15th Floor

New York, NY 10017

(Mailing Address)

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

Name: PATRICIA A. HARRIS, Esq.

Office Address: 75 N. Woodward Ave, #85007

Tallahassee, FL

(City)

, Florida 32313

(Zip code)

## 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.

Patricia A. Harris, Esq.  
(Registered agent's signature)

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

Patricia A. Harris, Esq., CEO/Member

801 Second Avenue, 15th Floor, New York, NY 10017

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)

Patricia A. Harris, Esq.  
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.

Patricia A. Harris, Esq.

Typed or printed name of signee

FILED  
2015 DEC 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of New York Department of State } ss:

I hereby certify, that LICENSESURE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/13/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of November  
two thousand and fifteen.*

Anthony Giardina  
Executive Deputy Secretary of State

201511180499 \* NV

FILED  
2015 DEC 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA