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PICK-UP WAIT MAIL		
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

Federal Disability Advocates, 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..

TO:

Registration Section Division of Corporations

□ \$125.00 Filing Fee

Please return all correspondence concerning this matter to the following:

1000003 G. G. CC1	
Name of Person	
Liberty Stree	+ Law
Firm/Company	
135 St. George	P1.
Address	
Athens, GA 3	0606
City/State and Zip Code	
tom @ Liberty 5	treet ag.com
E-mail address: (to be used for future annua	
For forther information concerning this matter places cells	
For further information concerning this matter, please call:	
Thomas Greene at (706 Name of Contact Person Area Code	207-0401
Name of Contact Person Area Code	Daytime Telephone Number
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	

\$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

□ \$130.00 Filing Fee &

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2015

THOMAS E GREENE III LIBERTY STREET LAW 135 ST. GEORGE PL ATHENS, GA 30606

SUBJECT: FEDERAL DISABILITY ADVOCATES LLC

Ref. Number: W15000082632

We have received your document for FEDERAL DISABILITY ADVOCATES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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), AuthorizedPerson (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.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00027051

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 LIABIL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Federal Disability Advarates LLC
1. Federal Disability Advocates LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," 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," "L.L.C," or "LLC.") 2. Now Mexico (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
company is organized) WIA
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) TOMOGEORE PILLS 4300 BISONER
Blvd Suite 305, Miami, FL 33/37 FE 5
See sections 603,0904 & 603,0905, F.S. to determine penalty hability) Blyd Suite 305, Miomi, FL 33/37 (Street Address of Principal Office) Liberty Street Lan, 135 St. George (Mailing Address)
Athens, GA 30606 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable)
Name: JESMANY VOMARRON (1) to 305
Name: Jesmany Jomarron Office Address: 4300 Biscayne Blvd, Suite 305 Miami, Florida 33137 (City) (City)
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 agr to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
Jesmany Jomanson Manager (MGR) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jesmany Jomanson, 4300 Biscayne Blid, Suite 305, Minmi, FL 33137
Suite 305, Minni, FL 33137
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 oatl of the translator must be submitted)
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. Typed or printed name of signee
Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

FEDERAL DISABILITY ADVOCATES, LLC

4850114

An organization organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Limited Liability Company, under the

Limited Liability Company Act ~ (53-19-1 To 53-19-74 NMSA 1978)

having filed its Articles Of Organization on December 30, 2013 and Certificate Of Organization issued as of said date.

It is further certified that the fees due the Office of the Secretary of State which have been assessed against the above named entity, have been paid to date and is in corporate good standing and duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entities financial condition or business activities and practices.

Certificate issued on November 18, 2015

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.

SEW NO. 1912.

Mary Quintana Acting Secretary of State