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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

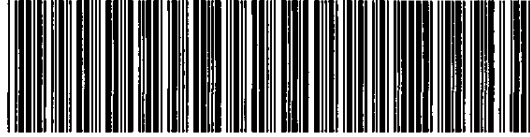
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 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..

Please return all correspondence concerning this matter to the following:

Thomas E. Greene III  
Name of Person  
Liberty Street Law  
Firm/Company  
135 St. George Pl.  
Address  
Athens, GA 30606  
City/State and Zip Code  
tom@libertystreetlg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Greene at ( 706 ) 207-0401  
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

> Overnight

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



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), 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.

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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. New Mexico 3. 47-1977987  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. Jomarron Lopez PLLC, 4300 Biscayne Blvd, suite 305, Miami, FL 33137  
(Street Address of Principal Office)

6. Liberty Street Law, 135 St. George Athens, GA 30606  
(Mailing Address)

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

Name: Jesmany Jomarron  
Office Address: 4300 Biscayne Blvd, suite 305 Miami, Florida 33137  
(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.

Jesmany Jomarron  
(Registered agent's signature)  
Jesmany Jomarron Manager (MBA)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Jesmany Jomarron, 4300 Biscayne Blvd, Suite 305, Miami, 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 oath of the translator must be submitted)

Jesmany Jomarron  
(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.

Jesmany Jomarron  
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

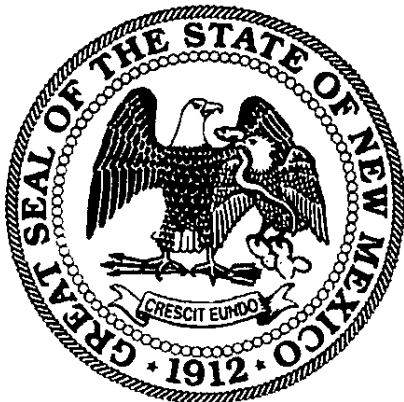
**Limited Liability Company Act - (53-19-1 To 53-19-74 NMSA 1978)**

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.**



*Mary Quintana*

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**Mary Quintana  
Acting Secretary of State**