1/16000002244

(Req	uestor's Name)	·-
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
Cuo + Mgp	W16-	16373
7	Office Use On	lv



400282763804

03/02/16--01006--020 **130.00

2016 MAR 16 PH 1: 11

K.SALY EXAMINER MAK 17



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2016

PEACOCK, GAFFNEY & DAMIANAKIS, P.A. ANTHONE DAMIANAKIS, ESQ. 2348 SUNSET PT. RD. CLEARWATER, FL 33765

SUBJECT: E. M. CORRIGAN LLC Ref. Number: W16000016373

We have received your document for E. M. CORRIGAN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00004551

2016 HAR 16 AM 10: 25

COVER LETTER

TO:	Registration Section Division of Corporation	ns .		
SUBJE	ECT:	E'M. C	DFC 17an, I	LLC
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence c	Perock, Geffin 2348 Cloor	following: Damianak ame of Person Jamian J	
		tony @	PSL Law. 18	2+
For fur	ther information concerning Anthre Name o		at (727)	196 7774 time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301
Enclose	ed is a check for the following \$125.00 Filing Fee	ing appount: 12 \$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 COMPANY TO TRANSACT BUSINESS.	ON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY NESS IN THE STATE OF FLORIDA:
1.	E. M. Corrigan LLC Limited Liability Company; Must include "Limited Liability Company," "L.L.C.," or "LLC,")
(Name of Foreig	Limited Liability Company; Must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alter Liability Company," "L.L.C," o	nate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
· · · /\	
2. (Jurisdiction under the law of company is organized)	which foreign limited liability 3. 81 - 157047 (FEI number, if applicable)
4	March 1, 2016
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5	9 Dadge Street
	Southamaton, P.T. 11968 (Street Address of Printipal Office)
6	
	(Mailing Address)
7. Name and street address of	of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Anthone Damignakis, Esq.
Office Address:	2348 Sunset Pt. Rd
_	Clearwater, Florida 33765 (City) (Zip code)
Registered agent's acceptai	
designated in this applicatio to complywith the provision.	tered agent and to accept service of process for the above stated limited liability company at the place n, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and position as registered agent.
_	(Registered agent's signature)
8. The name, title or capaci	y and address of the person(s) who has/have authority to manage is/arc:
	Edward and Helen Corrigan, fortherized Members
	Edward and Helen Corrigan to therized Members 7 Dodge St. CAMBR
	Southampton, WY 11968
9. Attached is a certificate of jurisdiction under the law of of the translator must be subr	existence, no more than 90 days old, duly authenticated by the official having custody of records in the which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath nitted)
_	
	Signature of an authorized person
This document is executed in submitted in a document to the	accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information e Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
_	Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "E. M. CORRIGAN LLC" IS DULY FORMED

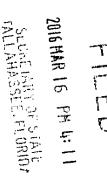
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "E. M. CORRIGAN LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 201984464

Date: 03-15-16

5959887 8300

SR# 20161658123

You may verify this certificate online at corp.delaware.gov/authver.shtml