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COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJI	Martin M Mc	Grath LLC				
		Name of	Limited Liability (Company		
		Foreign Limited Liability Comitted to register the above refer				
Please	return all corresponden	ce concerning this matter to the	following:			
	Martin M	cGrath				
		N	ame of Person			_
	-	F	irm/Company			- -
	11231 U	S Hwy 1, #137				
	Address					
	North Pa	lm Beach, FL 33408				
		City/S	State and Zip Code			
	McGrathL	LC@comcast.net				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fu	rther information concer	ming this matter, please call:			اسر	10 mg
Martin McGrath		815 at (708-2	2474		
	Nan	ne of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRE Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions		Division Registra Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301	FILE 9 39
Enclos	sed is a check for the fol		□ \$155.00 Filin Certified Copy	ng Fee &	\$160.00 Filing Fee, of Status & Certified C	Certificate 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;

COMPANYTOTRANSACT BU , Martin M∙McGratI	USINESS IN THE STATE OF FLORIDA: h LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.	")	
If name unavailable, enter alternate r Wyoming	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited L 46-4796437	iability Company," "L L.C," or "Ll.C.")	
N/A	hich foreign limited liability company is organized)	(FEI nur	nber, if applicable)	
i. <u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</u>	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ne penalty liability)		
2504 San Pietro Cir Palm Beach Gardens, FL 33410		6. 11231 US Hwy 1, #		
		North Palm Beach, FL 33408		
7. Name and street addres Name:	ss of Florida registered agent: (P.O. Box Martin McGrath	NOT acceptable)		
Office Address:	2504 San Pietro Cir			
	Palm Beach Gardens	, Florida 33410		
to comply with the provis	ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.			
	(Registered agent's s	ignanae)		
 The name, title or cap: <u>Title or Capacity:</u> Member 	acity and address of the person(s) who has Name and Address: Martin McGrath	s/have authority to manage is/are: Title or Capacity:	Name and Address:	
	- 2504 San Pietro Cir Palm Beach Gardens			
	FL 33410	·		
Use attachments if neces	ssary)		ي .	
	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)		aving custody of records in the	
			<u>ノ</u>	
	v	of an authorized person		
	euted in accordance with section 605.0203 to the Department of State constitutes a thin			

Typed or printed name of signee

Martin McGrath

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Martin M. McGrath LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 31**, **2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000658155**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2017 at 1:31 PM. This certificate is assigned 023237928.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.