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SECRETARY OF STATE
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#### **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns				
SUBJ	J. Madison PLC LI	.C				
		Name of	Limited Liability (	Company		
					insact Business in Florida," Certificat company to transact business in Flo	
Please	return all correspondence	concerning this matter to the	following:			
	Jacob M. Sma	II				
		N	ame of Person		<del></del>	
	J. Madison PL	C				
		F	irm/Company	· · · · · · · · · · · · · · · · · · ·		
	1750 Tysons F	Blvd STE 1500				
	·· ·		Address			
	McLean, Virgi	nia 22102				
		City/S	tate and Zip Code			
	jmsmall@jmadi	sonple.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information concerning	ng this matter, please call:				
	Jacob Small		703 at (	910-50	62	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u> s		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount:  \$\Boxed{\subset} \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filin	ng Fee &	☐ \$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:

	Limited Liability Liability Comp	Company; must include "I	Limited Liabili	y Company," "L.L.C.,"	or "LLC.")		
(If name unavailable, enter alternate o	same adopted for the p	purpose of transacting business	s in Florida. The		"Limited Lighil	ity Company," "L.L.C," o	r "LLC.")
2. Virginia	· · · · · · · · · · · · · · · · · · ·		3	47-1635214			
(Jurisdiction under the law of w	rhich foreign limited li	ability company is organized)			(FEI aumber	r, if applicable)	
4. N/A (currently doing t		•		,			
<del></del> ,	(Date first tran (See sections 6	sacted business in Florida, if p 505,0904 & 605,0905, F.S. to	nior to registratio determine penulty	a.) liability)			
5. 1750 Tysons BLVD, S			6	1750 Tysons BLV	D, STE 15	500	
(Street Address of McLean, VA 22102	Principal Office)		<b>.</b>	McLean, VA 2210	Mailing Addres	35)	
						I A I	Æ.
7. Name and street addre	ss of Florida re	gistered agent: (P.O.	. Box <u>NOT</u>	acceptable)		AUG CRETA LLAHAS	<u>n</u> .
Name:	Alice Hines						
Office Address:	604 W. Belm	iar st.				ST FLC	ED .
	Lakeland			 , Florida 3	3803	2: 25 TATE ORIDA	
designated in this applica- to comply with the provis							
and accept the obligation	s of my positio	n asvegistered agen		implete performula			miliar with
	acity and addre	n as vegistered agen	agent's signifure) the has/have	in		Name and Add	
and accept the obligation  8. The name, title or cap	acity and addre	(Registered agen	agent's signifure) the has/have	authority to manag			
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	acity and addre Na Jacc 175	(Registered agen (Registered agen) ess of the person(s) we me and Address:	agent's signature) the has/have	authority to manag			
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	acity and addre Na Jacc 175	(Registered agen (Registered agen) ess of the person(s) were and Address: ob M. Small	agent's signature) the has/have	authority to manag			
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	acity and addre Na Jacc 175	(Registered agen (Registered agen) ess of the person(s) were and Address: ob M. Small	agent's signature) the has/have	authority to manag			
<ul> <li>and accept the obligation</li> <li>8. The name, title or cap <u>Title or Capacity:</u></li> </ul>	acity and address Na Jacc 175 McI	(Registered agen (Registered agen) ess of the person(s) were and Address: ob M. Small	agent's signature) the has/have	authority to manag			
8. The name, title or cap Title or Capacity: Principal	ssary) e of existence, 1 of which it is conditional to the conditional	ess of the person(s) we and Address:  bb M. Small 0 Tysons BLVD, STI  can, VA 22102  no more than 90 days organized. (If the cert  ance with section 605	pent's signapure) the has/have  1  1 (1500)  1 old, duly autificate is in  1 (1500)	authority to managitle or Capacity:  athenticated by the a foreign language,	e is/are:  official hav a translatio	Name and Addi	ress:
8. The name, title or cap  Title or Capacity:  Principal  (Use attachments if neces  9. Attached is a certificate jurisdiction under the law of the translator must be s  10. This document is exec	ssary) e of existence, 1 of which it is conditional to the conditional	(Registered agenticles of the person(s) we me and Address:  ab M. Small  O Tysons BLVD, STI  Lean, VA 22102  The more than 90 days  organized. (If the cert  ance with section 605  ant of State constitute	pent's signapure) the has/have  1  1 (1500)  1 old, duly autificate is in  1 (1500)	authority to managitile or Capacity:  athenticated by the a foreign language,  ), Florida Statutes.  ree felony as providents	e is/are:  official hav a translatio	Name and Addi	ress:

Typed or printed name of signee

## Common brealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That J. Madison PLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 22, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

SIATE STATE ON STATE OF STATE

Signed and Sealed at Richmond on this Date: July 27, 2017

Joel H. Peck, Clerk of the Commission