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#### COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Garfinkel Family Law, LLC
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e. and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	David A. Garfinkel
	Name of Person
	Garfinkel Family Law, LLC
	Firm/Company
	301 W. Bay Street, Suite 1421
	Address
	Jacksonville, FL 32202
	City/State and Zip Code
	david@garfinkelfamilylaw.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	David A. Garfinkel 904 257-8922 at (
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount:  \$\Begin{align*} \text{S125.00 Filing Fee} & \text{S130.00 Filing Fee & Boundary Certificate of Status} & \text{Certified Copy} & \text{S155.00 Filing Fee & Boundary Certified Copy} & \text{S160.00 Filing Fee, Certified Copy} & \text{Of Status & Certified Copy} & Of Status

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ate name adopted for the purpose of transacting business in Flor		ility Company," "L.L.C," or "LLC.")
State of Georgia	of which foreign limited liability company is organized;	3. 47-3124452 (FEI number, if applicable)	
(Jurisaiction under the law	of which foreign timized hadding company is organized?	(FE) BURKE	a, a appaeanci
November 15, 2017			
	(Date first transacted business in Florida, (Fprior to ( (See sections 608 0904 & 605,0905, F.S. to determi	egistration) ne penalty liability)	
301 W. Bay Street,	Suite 1421	6. 301 W. Bay Street, Suite 14	21 7
	of Principal Office)		W 200 2
Jacksonville, FL 3.	2202	Jacksonville, FL 32202	
. Name and street add	Iress of Florida registered agent: (P.O. Box	NOT acceptable)	SEE
Name:	David A. Garfinkel		E S S
Office Addres	s: 301 W. Bay Street, Suite 1421	<del></del>	age *
	Jacksonville	, Florida 32202 (Ztp code	
egistered agent's ac	(City)	(Zip code	1
	visions of all statutes relative to the proper ions of my position as registered agent.  (Registered agents)	Ed	
nd accept the obligations.  The name, title or c	visions of all statutes relative to the proper ions of my position as registered agent.  (Registered agent)  apacity and address of the person(s) who ha	and complete performance of my d	luties, and I am familiar with
nd accept the obligati	visions of all statutes relative to the proper ions of my position as registered agent.  (Registered agent)  apacity and address of the person(s) who ha	and complete performance of my d	
nd accept the obligations.  The name, title or c	apacity and address of the person(s) who have a day and Address:  David A. Garlinkel	and complete performance of my d  gradure) s/have authority to manage is/are: Title or Capacity:	luties, and I am familiar with
nd accept the obligate  3. The name, title or c Title or Capacity	visions of all statutes relative to the proper ions of my position as registered agent.  (Registered agent's apacity and address of the person(s) who has a Name and Address:	and complete performance of my d  gradure) s/have authority to manage is/are: Title or Capacity:	luties, and I am familiar with
nd accept the obligate  3. The name, title or c Title or Capacity	apacity and address of the person(s) who have a many street and Address:  David A. Garfinkel  301 W. Bay Street, Suite 1421	and complete performance of my d  gradure) s/have authority to manage is/are: Title or Capacity:	luties, and I am familiar with
nd accept the obligate  3. The name, title or c Title or Capacity	apacity and address of the person(s) who has a Name and Address:  The David A. Garlinkel  301 W. Bay Street, Suite 1421  Jacksonville, FL 32202	and complete performance of my d  gradure) s/have authority to manage is/are: Title or Capacity:	luties, and 1 am familiar with
B. The name, title or c Title or Capacity Managing Member Use attachments if ne	apacity and address of the person(s) who has a Name and Address:  The David A. Garfinkel  301 W. Bay Street, Suite 1421  Jacksonville, FL 32202  Cessary)  The person of t	and complete performance of my definition of the second section of the sect	Name and Address:
O. This document is e	apacity and address of the person(s) who has a Name and Address:  The David A. Garfinkel  301 W. Bay Street, Suite 1421  Jacksonville, FL 32202  Cessary)  The person of t	duly authenticated by the official have is in a foreign language, a translation (1) (b). Florida Statutes. I am aware	Name and Address:  Ving custody of records in the on of the certificate under oat that any false information
O. This document is e	apacity and address of the person(s) who has a Name and Address:  The David A. Garfinkel  301 W. Bay Street, Suite 1423  Jacksonville, FL 32202  The submitted of existence, no more than 90 days old, aw of which it is organized. (If the certificate e submitted)  The Department of State constitutes a think of the Department of State constitutes a think o	duly authenticated by the official have is in a foreign language, a translation of the fill of the degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided for in second complete performance of my degree felony as provided felony as performance of my degree felo	Name and Address:  Ving custody of records in the on of the certificate under out
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Control Number: 15018556

## STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### Garfinkel Family Law, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 14955380 Date Inc/Auth/Filed: 02/13/2015 Jurisdiction : Georgia Print Date : 11/08/2017

Form Number : 211



Brian P. Kemp Secretary of State