## M1800000263

| (Requestor's Name)                      |                    |           |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|
| (Address)                               |                    |           |  |  |  |  |
| (Address)                               |                    |           |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | · #)      |  |  |  |  |
| PICK-UP                                 | MAIT               | MAIL      |  |  |  |  |
| (Business Entity Name)                  |                    |           |  |  |  |  |
| (Document Number)                       |                    |           |  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
|   |                    |           |  |  |  |  |
|   | h                  |           |  |  |  |  |

Office Use Only



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19/16/17--01025--020 \*\*87.50

01/10/18--01003--015 \*\*37.50

FILED
2010 JAN -9 P 12: 3

D. SCOTT JAN 1 0 2013



October 18, 2017

VICTORIA MCCOLM 826 S 13TH ST PALATKA, FL 32177

SUBJECT: MCCOLM & COMPANY LLC

Ref. Number: W17000083338

We have received your document for MCCOLM & COMPANY LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$37.50.

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00021090



## COVER LETTER

| TO:       | zistration Section ision of Corporations  |       |
|-----------|---|-------|
| SUBJE     | · · · · · · · · · · · · · · · · · · ·   |       |
|           | Name of Limited Liability Company   |       |
|           | I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce<br>and check are submitted to register the above referenced foreign limited liability company to transact business   |       |
| Please re | all correspondence concerning this matter to the following:   |       |
|           | Victoria McColM<br>Name of Person   |       |
|           |   |       |
|           | MCCOLM + Company Firm/Company   |       |
|           |   |       |
|           | 826 S. 13th Street Address  |       |
|           |   |       |
|           | Palatka FL 32177 City/State and Zip Code  |       |
|           |   |       |
|           | payments @ mccolmandco.com  |       |
|           | E-mail address: (to be used for future annual report notification)  |       |
| For furt  | nformation concerning this matter, please call:   |       |
|           | Name of Contact Person at (202) 669-2978  Area Code Daytime Telephone Number  |       |
|           | Name of Contact Person Area Code Daytime Telephone Number   |       |
|           | AlLING ADDRESS:  dision of Corporations distration Section Division of Corporations Registration Section Discrete Building Division of Corporations Registration Section Clifton Building Division of Corporations   |       |
| Enclose   | a check for the following amount:  \$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy  Certificate of Status Certified Copy  STATE OF THE STATE | FILED |

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

| IN COMPLIANCE WITH SECT<br>COMPANYTO TRANSACT BU |   |  | TOMING IS SORWITTED TO REGI                     | ISTER A FOREIGN TIMITED LIABILIT  |
|--|---|--|---|---|
|  |   |  |   |   |
| (Name of Foreign I                               | amited Liability Company, m                                     | ust include "Limited"                                      | Liability Company," "L.IC.," or "LI.C           | .)  |
| It groups up to adable center absences pa        | mendanted for the numbers of tran                               | eaching himmore in Flagra                                  | la. The alternate name must include "Limited    | Labelta Campana Wit Lat Var 91147 V                                       |
| State of D                                       | Selaware  | sayang ousagess in r toriu                                 | 3. 46-26985                                     |   |
|  | pelaware ich foreign limited liability compan                   |  | (FEI n  | umber, if applicable)   |
| , 11 Septen                                      | (Date first transacted business<br>(See vections 605 0904 & 60) |  |   |   |
|  | (Date first transacted business<br>(See sections 605 0904 & 60) | s in Florida, if prior to rej<br>5 0905, F.S. to determine | gistration ) penalty liability)                 | <del></del>   |
| 5. 820 5.13 (Street Address of Pr                | to St   |  | 6 826 5.13th                                    | · 5t.   |
| (Street Address of Pr                            | incipal Office)<br>- 32177                                      |  | 6. <u>826 S. 13th</u><br>Mailing A<br>Palatka F | 1 37177   |
| rajanca Pi                                       | - 2477  |  | raimpa r  | <u>L DEITT</u>  |
|  |   | <del></del>  |   | <del> </del>  |
| 7. Name and street address                       | s of Florida registered as                                      | gent: (P.O. Box  | NOT_acceptable)                                 |   |
|  | Victoria M  | 1/0/01   |   |   |
| rvame;   | 9016 6 13t  | n cl   | , Florida <u>321</u>                            |   |
| Office Address:                                  | DLU 3. 10'  | 7, 24.   |   | _   |
|  | <u>falatka</u>  |  | , Florida <u>321</u>                            | <del>77</del>   |
| Registered agent's accept                        |   | (City)   | (Zip)   | code)   |
| Having been named as res                         | gistered agent and to ac  |  |   | ted liability company at the place  |
|  |   |  |   | ict in this capacity. I further agre<br>ry duties, and I am familiar with |
| and accept the obligations                       |   |  | ma complete perjormance by m                    | iy uunes, unu z um jummur nim   |
|  |   | $\mathcal{M}$  |   |   |
|  |   | (Registered agent's sig                                    | gnature)  | <del></del>   |
| 8. The name, title or capa-                      | city and address of the p                                       | erson(s) who has   | have authority to manage is/are                 | ::<br>::  |
| Title or Capacity:                               | Name and Ac   |  | Title or Capacity:                              | Name and Address:   |
| President  | Victoria  | McColm   |   |   |
|  | 874 5 13<br>Palatra   | M St<br>FL 32177   |   |   |
|  |   |  |   |   |
|  | · · · · · · · · · · · · · · · · · · ·                           | <del> </del>   |   |   |
|  |   | <del></del>  |   | 72 23   |
| (Use attachments if necess                       |   |  |   | COST DAM  |
|  | ·   |  |   | ンちょ   |
|  |   |  |   | having custody of records in the lation of the certificate under oath     |
| of the translator must be su                     |   | (ii die deriiieuie   | a. m a toreign language, a tram-                |   |
| 0. This document is execu                        | sted in accordance with s                                       | section 605 0203   | (1) (b), Florida Statutes. I am av              | ware that are fulse information   |
|  |   |  | d degree felony as provided for                 |   |
|  |   | 4)1  | M   | (i) <del>2</del>  |
|  |   | Signature of   | an authorized person                            |   |
|  | $\sqrt{c}$  | tonia Ma   | $\alpha$  |   |
|  | 110   |  | nnted name of signee                            |   |

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "MCCOLM & COMPANY LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING PEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF MAY, A.D. 2013, AT 11:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.





Authentication: 203341440

Date: 10-04-17

5334041 8315 SR# 20176322476