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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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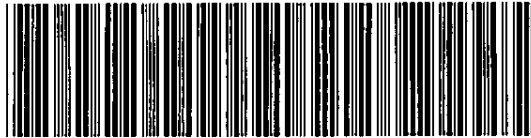
\_\_\_\_\_  
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAR 05 2018

Y SULKER

\*fileSecond\*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 085735 4311863

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : February 26, 2018

ORDER TIME : 12:54 PM

ORDER NO. : 085735-020

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: MCCABE, WEISBERG & CONWAY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** McCabe, Weisberg & Conway LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ivy M. Shapiro, Paralegal

\_\_\_\_\_  
Name of Person

Blank Rome LLP

\_\_\_\_\_  
Firm/Company

One Logan Square

\_\_\_\_\_  
Address

Philadelphia, PA 19103

\_\_\_\_\_  
City/State and Zip Code

PMares@mwc-law.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivy M. Shapiro

215  
at ( )

569-5784

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. McCabe, Weisberg & Conway LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 23-2598137  
(FEI number, if applicable)

4. Upon filing  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 123 S. Broad Street, Suite 1400  
(Street Address of Principal Office)  
Philadelphia, PA 19109

6. 123 S. Broad Street, Suite 1400  
(Mailing Address)  
Philadelphia, PA 19109

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company  
By: Roxanne Turner  
(Registered agent's signature)

18 MAR - 2  
Roxanne Turner  
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
See attached Rider			

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Margaret Gairo  
Signature of an authorized person

Margaret Gairo

Typed or printed name of signee

**MCCABE, WEISBERG & CONWAY LLC**

**RIDER**

**TO**

**FLORIDA FOREIGN QUALIFICATION APPLICATION**

**QUESTION 8:** The name, title and address of each person who has authority to manage McCabe, Weisberg & Conway LLC are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Margaret Gairo	Manager & President	123 S. Broad St., Suite 1400, Phila., PA 19109
Laura H.G. O'Sullivan	Manager & Vice President	312 Marshall Ave., Ste. 800, Laurel, MD 20707
Marissa Myers Cohen	Manager & Secretary	216 Haddon Ave., Ste. 201, Westmont, NJ 08108
Michael Cantrell	Manager & Treasurer	312 Marshall Ave., Ste. 800, Laurel, MD 20707

FILED  
18 MAR -2 AM 19:49  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

03/01/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MCCABE, WEISBERG & CONWAY LLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180301182044-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

FILED  
18 MAR -2 AM 9:49  
TREASURER'S OFFICE  
HARRISBURG, PENNSYLVANIA