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APR 3 0 2018

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

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ACCOUNT NO. : I2000000195 REFERENCE : 186038 4320132 AUTHORIZATION : enda COST LIMIT \$/125.00 : \_\_\_\_\_ . . . . . . . . . . . . ORDER DATE : April 30, 2018

- ORDER TIME : 9:35 AM
- ORDER NO. : 186038-005
- CUSTOMER NO: 4320132

#### FOREIGN FILINGS

NAME: MAGGIE HOPE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### DocuSign Envelope ID: 1780C438-9375-4C9D-9047-35D186CCC0D7

## 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:

### L. Maggie Hope, LLC

		ternate name must include "Limited Liab	any company, this c, in this, p
	3.	46-5440229	
ich foreign limited liability company is organized)		(FEI munbe	r, if applicable)
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905 F.S. to determine	registration	i) hability)	<u> </u>
			allman LLP
	0.	(Mailing Addre	(***
		271 Whitney Avenue	
		New Haven, CT 06511	
	<u>NOT</u> ;	acceptable)	
		<u></u>	
Boca Raton		, Florida <u>33432</u>	
(City)		(Zip code	)
gistered agent and to accept service of j ion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent. Carolyn Briar McWlowrw	s registi and co	ered agent and agree to act i	in this capacity. I further agr
city and address of the person(s) who have	15/have	authority to manage is/are:	
Name and Address:			Name and Address:
Carolyn Briar Mewbourne 505 East Alexander Palm Rd.			
	& Wallman LLP mnenpal Office) s of Florida registered agent: (P.O. Box Carolyn Briar Mewbourne 505 East Alexander Palm Road Boca Raton (City) tance: gistered agent and to accept service of f tion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent. Occussioned by: (arolyn Briar Mulbourut 67E9BSCF9344410 (Registered agent's city and address of the person(s) who he Name and Address:	(Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605,0905, F.S. to determine penalty & Wallman LLP 6.   s of Florida registered agent: (P.O. Box NOT a Carolyn Briar Mewbourne 6.   505 East Alexander Palm Road .   Boca Raton (City)   tance: .   gistered agent and to accept service of process tion, I hereby accept the appointment as registions of all statutes relative to the proper and co is of my position as registered agent.   . .	ich foreign limited lability company is organized) (FEI mumber   (Date first transacted business in Florida, if prior to registration ; (See sections 605 0904 & 605.0905, F.S. to determine penalty hability) 6. c/o Brenner, Saltzman & W (Mailing Addreed Section )   & Wallman LLP 6. c/o Brenner, Saltzman & W (Mailing Addreed Section )   s of Florida registered agent: (P.O. Box NOT acceptable)   Carolyn Briar Mewbourne .   505 East Alexander Palm Road .   Boca Raton .   (City) .   rance: .   gistered agent and to accept service of process for the above stated limited tion. I hereby accept the appointment as registered agent and agree to act if ons of all statutes relative to the proper and complete performance of my accept by:   (Ardyn Briar Muwbourne .   6. (Registered agent 's signature)   city and address of the person(s) who has/have authority to manage is/are:   Name and Address: Title or Capacity:

(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.

1	Carolyn Briar	Mewbourne
		Signature of an authorized person

Carolyn Briar Mewbourne

Typed or printed name of signee

# State of New York Department of State } ss:

I hereby certify, that MAGGIE HOPE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/28/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of April two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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