

***PLEASE FILE
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Florida Department of State
Division of Corporations
To: _____
From: _____
Subject: _____

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160100017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
LECLAIRRYAN PLLC LLC**

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Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
ALLAHAMSEE, FL

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MAY 16 2018
J. HARRIS

5/15/2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LeClairRyan PLLC 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee FL 32301

City/State and Zip Code

lynn.hayes@leclairryan.com

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

For further information concerning this matter, please call:

Name of Contact Person	at (<u>855</u>) <u>498-5500</u>	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. LeClairRyan PLLC LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Virginia

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

3. 41-2252451

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S., re domestic possibly liability)

5. 919 East Main Street, 24th Floor

(Seven Address of Principal Office)

Richmond, VA 23219

6. 919 East Main Street, 24th Floor

(Mailing Address)

Richmond, VA 23219

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

Name: **Capitol Corporate Services, Inc.**

Office Address: **515 East Park Avenue 2nd Fl**

Tallahassee

(City)

Florida 32301

(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.

Kim Tadlock

(Registered agent's signature)

**Kim Tadlock, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.**

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Erik Gustafson		
	LeClairRyan PLLC		
	2318 Mill Road, Suite 1100		
	Alexandria, VA 22314		

(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.

Dwight F. Hopewell

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

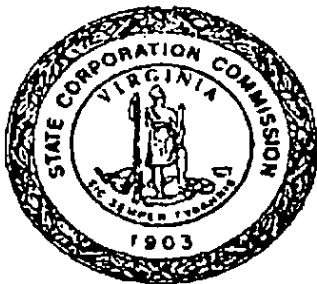
I Certify the Following from the Records of the Commission:

That LeClairRyan PLLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 4, 2018; 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.



Signed and Sealed at Richmond on this Date:

April 11, 2018

Joel H. Peck

Joel H. Peck, Clerk of the Commission

CISECOM

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