

M18000006314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

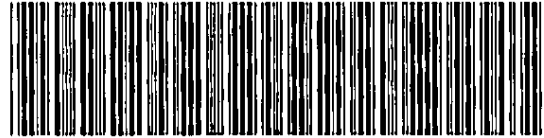
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-57582
RA sign, using form 15

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06/18/18--01025--027 **55.00

06/20/18--01007--006 **70.00

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FILED
18 JUL -9 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U. S. SIMMONS
JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2018

DAVID BAILEY
1500 N 15TH ST
TAMPA, FL 33605

SUBJECT: DAVID BAILEY AND ASSOCIATES, LLC
Ref. Number: W18000051582

We have received your document for DAVID BAILEY AND ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00013190

RECEIVED

2018 JUL -9 PM 12:35

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: David Bailey and Associates, 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:

David Bailey

Name of Person

David Bailey and Associates, LLC

Firm/Company

1500 N. 15th Street

Address

Tampa, FL 33605

City/State and Zip Code

bailey.david.j@gmail.com

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

For further information concerning this matter, please call:

David Bailey

813
at ()

966-1873

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. David Bailey, ⁶/₁ Associates, 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. New York State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2827036
(FEI number, if applicable)

4. January 1, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 128 W. 123rd Street
(Street Address of Principal Office)
#2
New York, NY 10027

6. 128 W. 123rd Street
(Mailing Address)
#2
New York, NY 10027

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

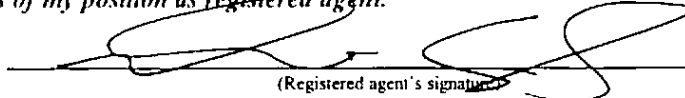
Name: David Bailey

Office Address: 1500 N. 15th Street
Tampa, Florida 33605
(City) (Zip code)

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18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)

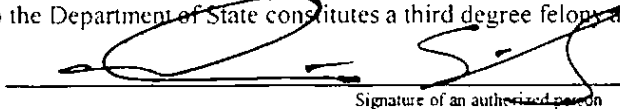
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
President	David Bailey 128 W. 123rd Street #2 New York, NY 10027		

(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.


Signature of an authorized person

David Bailey
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that DAVID BAILEY & ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/14/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of April two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*