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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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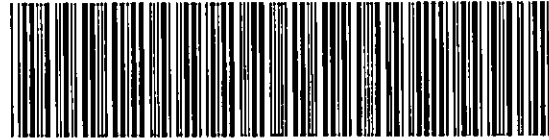
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 20 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NJM Agency Ltd.  
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:

Sharon Hathcock  
Name of Person

NJM Agency Ltd., LLC  
Firm/Company

2311 Somerset Place  
Address

Naples, Florida 34120-2865  
City/State and Zip Code

sharon@solstice.partners  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Hathcock at (704) 724-3877  
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. NJM Agency Limited 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. West Virginia 3. 45-4929150  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8-1-18  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2311 Somerset Place 6. 2311 Somerset Place  
(Street Address of Principal Office) (Mailing Address)  
Naples, FL 34120-2865 Naples, FL 34120-2865

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

Name: Nicholas J. McCarty  
Office Address: 2311 Somerset Place  
Naples, Florida 34120-2865  
(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.

NJM  
(Registered agent's signature)

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:
<u>Managing Member</u>	<u>Nicholas J. McCarty</u> <u>2311 Somerset Place</u> <u>Naples, FL</u> <u>34120-2865</u>		

(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.

NJM  
(Signature of an authorized person)  
Nicholas J. McCarty  
(Typed or printed name of signer)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399



## Certificate

*I, Mac Warner, Secretary of State of the State of  
West Virginia, hereby certify that*

**NJM AGENCY LIMITED**

was incorporated under the laws of West Virginia and a Certificate of Incorporation  
was issued by the West Virginia Secretary of State's Office on December 17, 2012.

I further certify that the corporation has not been revoked or administratively dissolved  
by the State of West Virginia nor has the West Virginia Secretary of State issued a  
Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

## CERTIFICATE OF EXISTENCE

Validation ID:6WV2Y\_RMWSE



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of*

*August 14, 2018*

*Mac Warner*

*Secretary of State*