a Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000025886 3)))



H190000258863ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

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

Cmail.	Address:			
cmall	Address:			

Foreign Limited Liability Company Steve Lockwood, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JAN 25 2019 EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name apparelable ager attenue	name adopted for the purpose of transacting business	in Florida. The illiemate name must include "L.	muted Lasbility	Company," "L.L.	C," or "LLC.")
	name another the one prayone of damageding outsides	a the state of the	,		. ,
Maryland (Jurisdiction under the law of	which foreign limited liability company is organized)		(FEI number, r	t applicable)	
·	(Date first transacted business in Florida, if pi			_	
7901 4th St N	(see sections out powers to the constraint in the	6 2330 martin dr			
	t Principal Office)		(eesthbl., quilie		
STE 300					
St. Petersburg F	L 33702	essex MD 2122	21		
7. Name and street addr	ess of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	Registered Agents Inc.	· · · · · · · · · · · · · · · · · · ·			2
Office Address:	7901 4th St N STE 300			•	
Villee Address.		. Florida 33	702	다. 구	
	St. Petersburg		102	7.	- · ·
Having been named as lesignated in this applic to comply with the provi	(City) Eptance: registered agent and to accept service ration, I hereby accept the appointme isions of all statutes relative to the pr ns of my position as registered agen	e of process for the above stated ent as registered agent and agre- roper and complete performance	(Zip code) limited liu e to act in	this capacity	: Ljurtner ag
Having been named as designated in this applicated in this applicated comply with the proving the prov	eptance: registered agent and to accept service ration, I hereby accept the appointme isions of all statutes relative to the pr ns of my position as registered agen.	e of process for the above stated ent as registered agent and agre- roper and complete performance	(Zip code) limited liu e to act in	this capacity	iny at the place. Ffurther ag
Having been named as designated in this applicated in this applicate comply with the proviound accept the obligation	eptance: registered agent and to accept service reation, I hereby accept the appointme sions of all statutes relative to the pr ms of my position as registered agen- Registered a	e of process for the above stated ent as registered agent and agre- roper and complete performance t.	(Zip code) limited lie e to act in e of my due	this capacity	iny at the place. Ffurther ag
designated in this applic to comply with the provi and accept the obligatio	eptance: registered agent and to accept service ration, I hereby accept the appointme isions of all statutes relative to the pr ns of my position as registered agen.	e of process for the above stated ent as registered agent and agre- roper and complete performance t.	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or case.	registered agent and to accept service registered agent and to accept service ration, I hereby accept the appointment is ions of all statutes relative to the print of my position as registered agent (Registered agent) and address of the person(s) w	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate comply with the providend accept the obligation. 8. The name, title or ca	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointments isions of all statutes relative to the pr ms of my position as registered agent (Registered agent pacity and address of the person(s) w Name and Address: Stephen Lockwood 2320 magin of	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate comply with the providend accept the obligation. The name, title or ca	registered agent and to accept service registered agent and to accept service ration, I hereby accept the appointment of all statutes relative to the print of my position as registered agent. (Registered a pacity and address of the person(s) when and Address: Stephen Lockwood	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate to comply with the providend accept the obligation. 8. The name, title or carried and accept the capacity:	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointments isions of all statutes relative to the pr ms of my position as registered agent (Registered agent pacity and address of the person(s) w Name and Address: Stephen Lockwood 2320 magin of	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate to comply with the providend accept the obligation. 8. The name, title or carried and accept the capacity:	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointments isions of all statutes relative to the pr ms of my position as registered agent (Registered agent pacity and address of the person(s) w Name and Address: Stephen Lockwood 2320 magin of	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate comply with the providend accept the obligation. 8. The name, title or ca Title or Capacity: Member	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointments isions of all statutes relative to the pr ms of my position as registered agent (Registered agent (R	re of process for the above stated ent as registered agent and agre- roper and complete performance t. specify signature) the has/have authority to manage <u>Title or Capacity:</u>	(Zip code) limited lie e to act in e of my dut	this capacity	iny at the place. Efurther, ag in fumiliar with
Having been named as designated in this applicate to comply with the providend accept the obligation. 8. The name, title or can a Title or Capacity: Member (Use attachments if need)	properties of the person(s) where and address: Stephen Lockwood 2330 magin or esseary)	e of process for the above stated ent as registered agent and agre- roper and complete performance t. sgeat's signature) the has/have authority to manage Title or Capacity:	(Zip code) limited lie e to act in e of my dui	this capacity	any-at the place. Ffurther, agon fumiliar with
Having been named as designated in this applicate comply with the provaund accept the obligation. 8. The name, title or ca Title or Capacity: Member (Use attachments if need of the capacity if need or capacity is need or capacity if need or capacity if need or capacity is need or capacity in need or capacity is need or capacity in need or capacity in need or capacity is need or capacity in need or capacity in need or capacity is need or ca	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointmensions of all statutes relative to the prims of my position as registered agent. Registered a pacity and address of the person(s) warme and Address: Stephen Lockwood 2330 maxim or esses, VD 21221 esseary) te of existence, no more than 90 days we of which it is organized. (If the cert	e of process for the above stated ent as registered agent and agre- roper and complete performance t. sgeat's signature) the has/have authority to manage Title or Capacity:	(Zip code) limited lie e to act in e of my dui es/are:	Name and A	any-at the place. Ffurther, ag in fumiliar with the color with the
Having been named as designated in this applicate comply with the provaund accept the obligation. 8. The name, title or catrile or Capacity: Member (Use attachments if need a certification under the law of the translator must be 10. This document is except.	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointmens of all statutes relative to the prims of my position as registered agent (Registered agent) Pacific (Registered agent) Pacifi	e of process for the above stated ent as registered agent and agrectoper and complete performance t. Securis signature) The has/have authority to manage Title or Capacity: Sold, duly authenticated by the of inficate is in a foreign language, a	(Zip code) limited lie e to act in e of my duri es/are:	Name and A	f records in the information
Having been named as designated in this applicate comply with the providend accept the obligation. 8. The name, title or cate a Capacity: Member (Use attachments if need a certification under the law of the translator must be 10. This document is except.	ptance: registered agent and to accept service registered agent and to accept service reation, I hereby accept the appointmens of all statutes relative to the prims of my position as registered agent (Registered agent) Registered a pacity and address of the person(s) was Name and Address: Stephen Lockwood (2330 magning essex, MD 21221) essex, MD 21221 essexy) te of existence, no more than 90 days we of which it is organized. (If the cert submitted)	e of process for the above stated ent as registered agent and agrectoper and complete performance t. Securis signature) The has/have authority to manage Title or Capacity: Sold, duly authenticated by the of inficate is in a foreign language, a	(Zip code) limited lie e to act in e of my duri es/are:	Name and A	f records in the information

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT STEVE LOCKWOOD, LLC (W16474868), REGISTERED APRIL 16, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 22, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: JBrIOp3ptEuDjyDREhZATg To verify the Authentication Code, visit http://dat.maryland.gov/verify