

719000001463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

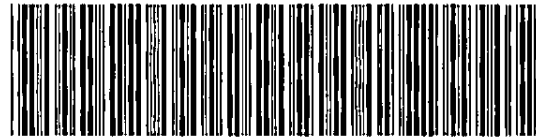
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000005139

Office Use Only



200322002532

01/10/19--01010--013 **130.00

FILED
19 JAN 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
FEB 11 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2019

MELANIE MACATANGAY
137 NATIONAL PLAZA, STE 325
OXAN HILL, MD 20745

SUBJECT: MBM ACCOUNTING AND TAX SERVICES, LLC
Ref. Number: W19000005139

We have received your document for MBM ACCOUNTING AND TAX SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 519A00001131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISM ACCOUNTING AND TAXES SERVICES, LLC/D/B/A 365 BOOKS PRO
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:

MELANIE MACATANGAY
Name of Person

365 BOOKS PRO
Firm/Company

137 NATIONAL PLAZA STE 325
Address

OXON HILL, MD 20745
City/State and Zip Code

MELANIE@365BOOKSPRO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE MACATANGAY at (240) 412-3114
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. MBM ACCOUNTING AND TAX SERVICES, 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. MARYLAND 3. 81-0899489
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 01/07/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 137 NATIONAL PLAZA STE 325 6. 137 NATIONAL PLAZA STE 325
(Street Address of Principal Office) (Mailing Address)

OXON HILL, MD 20745 OXON HILL, MD 20745

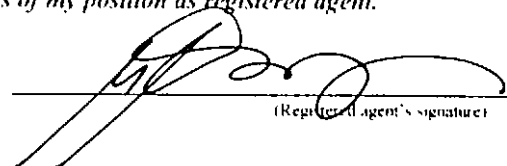
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Donna Yost

Office Address: 3505 LAKE LYNDY DRIVE STE 200
Orlando, FL 32817 Florida 32817
(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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

☒ Manager

Name: DONNA YOST

☐ Manager

Name: _____

☐ Member

Address: 3505 LAKE WINDA

☐ Member

Address: _____

☐ Authorized

DRIVE

☐ Authorized

Person

STE 200

Person

ORLAND, FL 32817

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Member

Address: _____

☐ Authorized

☐ Authorized

Person

Person

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Member

Address: _____

☐ Authorized

☐ Authorized

Person

Person

☐ Other _____

☐ Other _____


☐ Other _____

☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
MELANIE MACATANGAY

Typed or printed name of signer

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE ****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 40 BUSINESS CODE 20

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



1000362008812275

ID # W16926032 ACK # 1000362008812275
PAGES: 0002
MBM ACCOUNTING AND TAX SERVICES, LLC

MAIL
BACK

12/07/2015 AT 09:23 A WO # 0004567614

New Name _____

FEES REMITTED

Base Fee: 100
Org. & Cap. Fee: 70
Expedite Fee: _____
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies 22
Copy Fee: _____
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Mail Processing Fee: 5
Other: _____

TOTAL FEES: 197

Credit Card ☒ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By: 15

Keyed By: _____

COMMENT(S): _____

**CERTIFIED
COPY MADE**

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
and Resident Agent's Address
_____ Change of Business Code

_____ Adoption of Assumed Name

_____ Other Change(s)

Code _____

Attention: _____

LEGALZOOM
101 N. BRAND BLVD.
11TH FLOOR
GLENDALE CA 91203

CUST ID: 0003351036
WORK ORDER: 0004567614
DATE: 12-11-2015 02:48 PM
AMT. PAID: \$2,404.00

ARTICLES OF ORGANIZATION

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

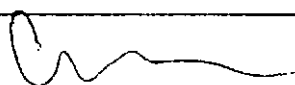
(1) The name of the Limited Liability Company is: MBM Accounting and Tax Services, LLC

(2) The purpose for which the Limited Liability Company is filed is as follows: Consulting
Accounting and Tax Services

(3) The address of the Limited Liability Company in Maryland is 30338 White Dr. Charlotte Hall, Maryland 20622

(4) The resident agent of the Limited Liability Company in Maryland is United States Corporation Agents, Inc.

whose address is 6959 Golden Ring Road, Rosedale, MD 21237

(5) 
Cheyenne Moseley, Assistant Secretary

(6) 
Resident Agent
I hereby consent to my designation in this document.
Cheyenne Moseley, Authorized Officer
United States Corporation Agents, Inc.

Signature(s) of Authorized Person(s)

Filing party's return address:

(7) _____

C/O LegalZoom.com, Inc.

101 N. Brand Blvd., 11th Floor

Glendale, CA 91203

CUST ID: 0003351036
WORK ORDER: 0004567614
DATE: 12-11-2015 02:48 PM
AMT. PAID: \$2,404.00

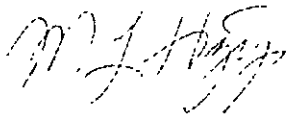
STATE OF MARYLAND

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 MBM ACCOUNTING AND TAX SERVICES, LLC (W16926032), REGISTERED DECEMBER 07, 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 FEBRUARY 05, 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 TTY/Voice

Online Certificate Authentication Code: RqP_VOTNoUKUxd-dOqBrQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>