

✓ 1719000002216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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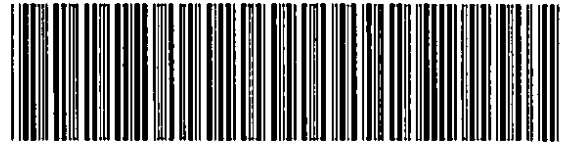
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. MILLIGAN

MAR 06 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Murray, Stone & Wilson, PLLC**

\_\_\_\_\_  
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:

Nathan Berry

\_\_\_\_\_  
Name of Person

SkarlatosZonarich LLC

\_\_\_\_\_  
Firm/Company

17 South 2nd Street, 6th Floor

\_\_\_\_\_  
Address

Harrisburg, PA 17101

\_\_\_\_\_  
City/State and Zip Code

wmurray@mswlawgroup.com

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

For further information concerning this matter, please call:

Nathan Berry

717

233-1000

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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. Murray, Stone & Wilson, PLLC

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

Murray Stone & Wilson, 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. Pennsylvania

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

3. 83-3376166

(FEI number, if applicable)

4.

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

5. 333 E Lancaster Ave #317

(Street Address of Principal Office)

6. 333 E Lancaster Ave #317

(Mailing Address)

Wynnewood, PA 19096-1926

Wynnewood, PA 19096-1926

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

Name:

William Murray

Office Address:

702 S. Howard Ave., Suite 106-625

Tampa

(City)

Florida

33606

(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)

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TALLAHASSEE, FLORIDA

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2019 MAR -6 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


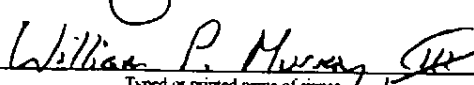
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: William P. Murray, III, PLLC	<input checked="" type="checkbox"/> Manager	Name: Matthew T. Stone, PLLC
<input type="checkbox"/> Member	Address: 710 S. Howard Ave.	<input type="checkbox"/> Member	Address: 333 E Lancaster Ave #317
<input type="checkbox"/> Authorized	Suite 106-625	<input type="checkbox"/> Authorized	Wynnewood, PA 19096-1929
Person	Tampa, FL 33606	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Erica C. Wilson, PLLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 333 E Lancaster Ave #321	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Wynnewood, PA 19096-1929	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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  
  
\_\_\_\_\_  
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/11/2019

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

Murray, Stone & Wilson, PLLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Kathly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190211151340-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>