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(Re	questor's Name)	.		
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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B. BRUCE APR 16 2019



April 9, 2019

SUSAN MCNAMARA 500 KNIGHTS RUN AVE #809 TAMPA, FL 33602

SUBJECT: MCNAMARA DESIGN LLC

Ref. Number: W19000028071

We have received your document for MCNAMARA DESIGN LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II Letter Number: 719A00007062



March 21, 2019

SUSAN MCNAMARA 500 KNIGHTS RUN AVE #809 TAMPA, FL 33602

SUBJECT: MCNAMARA DESIGN LLC

Ref. Number: W19000028071

We have received your document for MCNAMARA DESIGN LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 019A00005660

COVER LETTER

TO:

то:	Registration Section Division of Corporations						
SURII	McNamara Design, LLC						
aobai	Name of Limited Liability Company						
The en Exister	nclosed "Application by Foreign L nce, and check are submitted to re	imited Liability Compagister the above referen	any for Authoriza need foreign limi	ation to Transact Business in Flori ted liability company to transact b	da," Certificate of ousiness in Florida.		
Please	return all correspondence concert	uing this matter to the f	following:				
	Susan McNamara						
		Na	me of Person				
	McNamara Design, Li	LC					
		Fir	m/Company		_ _		
	500 Knights Run Ave	#809		<u> </u>	201		
		-	Address	r:			
	Tampa, Florida 33602	:		1. 1. 1.	2019 PPR 16		
		City/St	ate and Zip Code		S I T		
	smnamaradesign@yaho	oo.com			马二次		
	E-ma	ail address: (to be used	for future annua	report notification)	- P		
For fu	rther information concerning this r	natter, please call:			•		
	Susan McNamara		303 at (881-8361			
	Name of Cont	act Person	Area Code	Daytime Telephone Numb	er		
	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 follower Please make check payable to: St25.00 Filing Fee		S155.00	Filing Fee & S160,00 Fil	ing Fee, Certificate Certified Copy		

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:

L. McNamara Design, LL				
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company,	"L.L.C.," or "LEC.")	
If name unavailable, enter alternate n	arne adopted for the purpose of transacting business in F	lorida. The alternate name	must include "Limited Liability C	ompany," "L.L.C," or "LLC.")
Colorado		84-1524 3.		
(Jurisdiction under the law of w	high toreign limited liability company is organized)		(FEI number, if a	pplicable)
3/1/2019 4.				
··	(Date first transacted business in Florida, if prior ti (See sections 605 0904 & 605 0905, F.S. to deter	o registration) mine penalty hability)		_
500 Knights Run Ave :	#809 Principal Officei	500 Knig 6	thts Run Ave #809 (Mailing Address)	
(Street Address of I	Principal Office)		(Mailing Address)	
Tampa, Florida 33602		Tampa, I	florida 33602	. ~2
				- 5 0
				21. Pg w
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable	2)	
Name:	Susan McNamara			-: 34 -: 34
Office Address:	500 Knights Run Ave #809			·
	Tampa	1	33602 Florida	_
	(Cuy)		(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.

Sunan Malanan (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: Susan McNamara	Manager Name:	
Member	Address: 500 Knights Run Ave	☐ Member Addres	ss:
Authorized	#809	Authorized	
Person	Tampa, Florida 33602	Person	
Other	Other	Other	Other
∐Manager	Name:	☐ Manager Name:	
Member	Address:	☐ Member Addres	ss:
Authorized		Authorized	20,99
Person		Person	70
Other	Other	Other	Other: 6
Manager	Name:	☐ Manager Name:	
Member	Address:	☐ Member Addres	88:
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. Nonindexed 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.

Susan Maman

Signature of an authorized person

Susan McNamara

Typed or printed name of signee

.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

(ERTIFICATE OF FACT OF GOOD STANDING

4. ha Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

MCNAMARA DESIGN, LLC

is a

Limited Liability Company

for ed or registered on 12/08 1999—under the law of Colorado, has complied with all applicable recomments of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991229812.

The certificate reflects facts established or disclosed by documents delivered to this office on paper through 04 2/2019, that have been posted, and by documents delivered to this office electronically through

04 6/2019 (a 09:34:53).

The eaffixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this

off fal certificate at Denver, Colorado on 04/16/2019 (at 09:34:53) in accordance with applicable law.

The certificate is assigned Confirmation Number 11516313.



Secretary of State of the State of Colorado

End of Certificate

V e A compose issued electromeally from the Colorado Secretary of State's Web site is fully and immediately safel and effective ever, as an option, the issuonce and validity of a composite obtained electromeally may be established by visiting the Validatio a Composite page of the Secretary of State's Web site, hap away as state early by Certificat, Search Criteria to entiring the ecriticate's rotation number displayed on the certificate and following the instructions displayed Confirming the issuance of a certificate for more information visit one Web site map we so state coary click "Businesses, trademarks, trade names" and select "Frequently Asked Questions".