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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

# FERRANTE & ASSOCIATES

ATTORNEYS AT LAW

126 Prospect Street - Cambridge, Massachusetts 02139 Telephone 617-868-5000 Fax 617-868-2519

April 12, 2019

## VIA FEDERAL EXPRESS

:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Paul Davis National, LLC - Foreign LLC Registration

Dear Sir or Madam,

In connection with the registration of Paul Davis National, LLC as a Foreign LLC in the state of Florida, enclosed please find the following documents:

- 1. A Cover Letter
- 2. A fully executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida original and copy;
- 3. A certificate of Good Standing from the State of Wisconsin; and
- 4. Check number 19183 in the amount of \$155.00 payable to the Florida Department of State, representing payment for the filing fee and a certified copy

Kindly arrange to file the above application.

If you have any questions or need additional information, you may contact me by e-mail at mo@ferranteandassociates.com or by telephone at (617) 868-5000 ext. 224.

Sincerely

Marlene Orellana Paralegal

#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_\_\_

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:

Marlene Orellana

Name of Person

Ferrante and Associates

Firm/Company

126 Prospect Street

Address

Cambridge, MA 02139

City/State and Zip Code

mo@ferranteandassociates.com

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

For further information concerning this matter, please call:

Marlene Orellana	617	868-5000 ext. 224		
	at (	_)		
Name of Contact Person	n Area Code	Daytime Telephone Number		
MAILING ADDRESS:		STREET ADDRESS:		
Division of Corporations		Division of Corporations		
Registration Section		Registration Section		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
······································		Tallahassee, FL 32301		
Enclosed is a check for the following amo				
Please make check payable to: FLORIDA	A DEPARTMENT OF STAT	ΓE		
\$125.00 Filing Fee \$130.00 I Certifi	-	Filing Fee & S160.00 Filing Fee, Certificate ed Copy of Status & Certified Copy		

DocuSign Envelope ID: 30C3CCB0-67A2-404E-85E2-5D291739B68B

#### 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:

PAUL DAVIS NATIONAL, LLC

ime unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flo	orida. The at	ternate name must include "Limited Liability Com	pany," "LLC," or
VISCONSIN		2	45-2746627	
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if appl	icable)
On submission date				
	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	) ability)	
5210 Belfort Road, Su		6.	5210 Belfort Road, Suite 300	
(Street Address of P	rincipal Office)	0.	(Muiling Address)	
Jacksonville, FL 32256	j		Jacksonville, FL 32256	
lame and street addres	s of Florida registered agent: (P.O. Bo)	( <u>NOT</u> a	cceptable)	و.~
				មុំស្រ
N	Corporation Service Company			U.SV Eldé
Name:	· · · · · · · · · · · · · · · · ·			
Office Address:	1201 Hays Street			
Office Address.		··		
	Tallahassee		32301 , Florida	ಕ್ ಎ
	(City)		(Zip code)	3

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.

Corporation Service Company By: (Registered agent's signature) Shellie M. Smith

Asst Vice President

DocuSign Envelope ID: 30C3CCB0-67A2-404E-85E2-5D291739B68B

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: Charles E. Chase	Manager	Name: Kevin Roy	
Member	Address: 2621 Van Buren Avenue	Member	Address:	
Authorized	Suite 550A	Authorized	Suite 4000	
Person	Audubon, PA 19403	Person	Toronto, Ontario M5S 2B4	
Other	Other	Other	Other	
Manager	Richard D. Wilson	🗌 Manager	Name:	
Member	Address:	Member	Address:	
Authorized	Suite 550A	Authorized		
Person	Audubon, PA 19403	Person		
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. 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.

DocuSigned by: benin Roy et+00120054450

Signature of an authorized person

United States of America State of Wisconsin





Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

# PAUL DAVIS NATIONAL, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 14, 2011.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 12, 2019.

ey) Hm 11 4

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

## To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/ Enter this code: 242090-E23EA315