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May 21, 2019

MICHAEL ARCAMONE 1330 SOUTH FAIR STREET, APT 913 ARLINGTON, VA 22202

SUBJECT: INQUEST, LLC Ref. Number: W19000049533

We have received your document for INQUEST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company." the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

Letter Number: 819A00010292

COVER LETTER

Registration Section

TO:

	Nam	ne of Limited Liability (Company	
he enclosed "Appli		•	tion to Transact Business in Florida," Cer	rtificate (
xistence, and check	are submitted to register the above	referenced foreign limit	ted liability company to transact business	in Florid
lease return all com	espondence concerning this matter to	o the following:		
М	ichael Arcamone			
_		Name of Person		
In:	quest, LLC			
_		Firm/Company		
13	30 South Fair Street, Apt 913			
_		Address		
Aı	dington, VA 22202			
_	C	City/State and Zip Code		
chri	sty@emeraldfinancialpartners.com			
	E-mail address: (to be	e used for future annual	report notification)	
or further informati	on concerning this matter, please cal	H:		
Christina R	awlings, CPA	410 at (224-2600	
	Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING	ADDRESS:		STREET ADDRESS:	
	Corporations	ns Division of Corporations		
Registration	Section	Registration Section		
P.O. Box 6.			Clifton Building	
Tallahassee	, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: e check payable to: FLORIDA DEF	PARTMENT OF STA	TF	
	O Filing Fee S130.00 Filing	_	Filing Fee & S160.00 Filing Fee.	C .: 5

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: Inquest, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") Inquest of Virginia, LLC Iff 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 "LEC.") Virginia 46-2987079 (Jurisdiction under the law of which fireign limited liability company is organized) (Fhl number, if applicable) 4/29/2019 (Date first transacted business in Horida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1571 Eunice Lane Inquest, LLC (Street Address of Principal (Iffice) 1330 South Fair Street, Apt 913 Clearwater, FL 33756 Arlington, VA 22202 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee

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.

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: Michael Arcamone Pedram Amini Manager Manager Manager Name: Address: 603 Davis Street 1330 South Fair Street **■**Member Address: Member Apt 913 #1611 Authorized Authorized Austin, TX 78701 Arlington, VA 22202 Person Person Other_ Other____ Other. Other____ Manager Name: _____ Manager Name: Member Address: _____ ☐ Member Address: _____ Authorized Authorized Person Person Other_ Other___ Other____ Other____ Manager Name: Manager | Name: Address: Member Member Address: ___ Authorized Authorized Person Person Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposed 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 officials are consistence. 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. Michael Arcamone Signature of an authorized person. Michael Arcamone Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That InQuest, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 14, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 2, 2019

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 190502558