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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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May 29, 2019

JOSHUA S. ROFFMAN 8260 GREENSBORO DRIVE, SUITE 550 MCLEAN, VA 22102 US

SUBJECT: ROFFMAN HORVITZ, PLC

Ref. Number: W19000051637

We have received your document for ROFFMAN HORVITZ, PLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the correct suffix for the company name

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.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00010773

ATTROVED FILED

RECEIVED
JUN 2 4 2019

#### COVER LETTER

TO:

Registration Section

	above referenced foreign	orization to Transact Business limited liability company to tr			
hua S. Roffman					
	Name of Person				
fînan Horvitz, PLC	Name of Person				
ffman Horvitz, PLC				•	
	Firm/Company			-	
60 Greensboro Drive, Suite	55()				
<del></del>	Address	<del>-</del>		-	
Lean, VA 22102					
	City/State and Zip C	ode		2019	
man@roffmanhorvitz.com	OR dhubbard@roffmanho	vitz.com		E FILL	771 -
E-mail addres	ss: (to be used for future an	nual report notification)	,-::	12	
on concerning this matter, pl	lease call:		·	P	
bbard	703	752-3777	:	3: 58	
Name of Contact Perso		ode Daytime Telephone	Number	-	
Corporations Section 27		Registration Section Clifton Building			
	ELean, VA 22102  man@roffmanhorvitz.com  E-mail address on concerning this matter, p  bbard  Name of Contact Person  ADDRESS: Corporations Section 27 FL 32314  a check for the following an	City/State and Zip C man@roffmanhorvitz.com OR dhubbard@roffmanhor  E-mail address: (to be used for future and on concerning this matter, please call:    bbard	City/State and Zip Code man@roffmanhorvitz.com OR dhubbard@roffmanhorvitz.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  bbard  at (	City/State and Zip Code  Cod	Address  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  City/State and Zip Code  City Code  City/State and Zip Cod

### 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:

<del></del>	Limited Liability Company		
	anne adopted for the purpose of transacting business in Flori		Liability Company," "L.E.C," or "El,C")
2. Virginia		3. 47-2656335	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEF)	number, if applicable)
4. May 14, 2019			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration ) e peruity liability)	
5. 8260 Greensboro Driv		6. same as #5	
(Street Address of McLean, VA 22102	Principal Office)	(Mailing)	Address)
Wie Dean, VA 22102			
			<del> </del>
7 No	- filed a comp	NOT	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Kelly A. Lewis	<del> </del>	
Office Address:	930 Central Avenue, #201		
	C. D. I		2
		22705	
daving been named as re lesignated in this applica	gistered agent and to accept service of pa tion, I hereby accept the appointment as	rocess for the above stated limi registered agent and agree to c	act in this capacity. I further digree
designated in this applica to comply with the provise	tance: gistered agent and to accept service of pi	(Zip rocess for the above stated limi registered agent and agree to d	ted liability company at the place act in this capacity. I farther agree
Having been named as re designated in this applica to comply with the provisi	tance:  gistered agent and to accept service of play  tion, I hereby accept the appointment as  ions of all statutes relative to the proper of	(Zip rocess for the above stated limi registered agent and agree to d and complete performance of n	ted liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as redesignated in this applicated in this applicate comply with the provisional accept the obligation	tance: registered agent and to accept service of position, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  (Registered agent's sa	(Zip rocess for the above stated limi registered agent and agree to a and complete performance of n gnature)	ited liability company of the place act in this capacity. I farther agree my duties, and I am familiar with
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Typed or printed name of signee

Joshua S. Roffman

Signature of an authorized person

## Commonwealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Roffman Horvitz, PLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 2, 2015; 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.

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APPROVED FILED



Signed and Sealed at Richmond on this Date: May 10, 2019

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1905105603