

W19000008407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

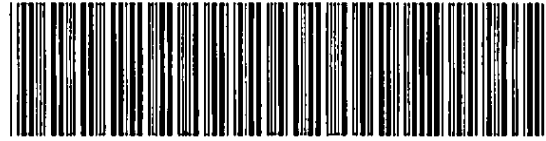
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000076679

Office Use Only



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08/03/19--01017--025 **130.00

TALLAHASSEE, FLORIDA
2019 AUG 28 PM 4:18
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Y SCOTT

AUG 29 2019

TALLAHASSEE, FLORIDA
2019 AUG 29 PM 4:19
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2019

MICHELLE DRUMMOND
2887 SW 22ND CIRCLE
#49B
DELRAY BEACH, FL 33445

SUBJECT: THE DRUMMOND GROUP, LLC
Ref. Number: W19000076679

RECEIVED
19 AUG 29 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FL

We have received your document for THE DRUMMOND GROUP, LLC and your check(s) totaling \$130.00. 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 document number of the name conflict is .

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.

Yvette Scott
Document Specialist II

Letter Number: 619A00017018

COVER LETTER

TG: Registration Section
Division of Corporations

THE DRUMMOND GROUP, LLC

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:

MICHELLE DRUMMOND

Name of Person

THE DRUMMOND GROUP, LLC

Firm/Company

2887 SW 22ND CIRCLE, #49B

Address

Delray Beach, FL 33445

City/State and Zip Code

MDRUMMOND@THEDRUMMONDGROUPCO.COM

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

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2019 AUG 29 PM 4:19
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHELLE DRUMMOND

703

371-8961

at (_____) _____

Name of Contact Person

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

DRUMMOND SOLUTIONS, 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. MARYLAND (Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-3156421 (FEI number, if applicable)

4. JANUARY 1, 2019
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2887 SW 22ND CIRCLE, #49B (Street Address of Principal Office)
6. 2887 SW 22ND CIRCLE, #49B (Mailing Address)
Delray Beach, FL 33445
Delray Beach, FL 33445

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

Name: MICHELLE DRUMMOND
Office Address: 2887 SW 22ND CIRCLE, #49B
Delray Beach, Florida 33445
(City) (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)

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: Manager **Name and Address:**
 Name: MICHELLE DRUMMOND
 Address: 2887 SW 22ND CIRCLE #49B
 Delray Beach, FL 33445
 Member
 Authorized
 Person
 Other

Title or Capacity: Manager **Name and Address:**
 Name: _____
 Address: _____
 Member
 Authorized
 Person
 Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

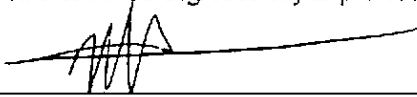
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

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 2019/JUN 29 PM 4:19
 TALLAHASSEE FLORIDA

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

MICHELLE DRUMMOND

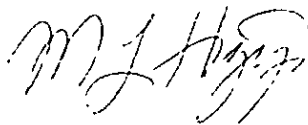
Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE DRUMMOND GROUP, LLC (W16273674), REGISTERED NOVEMBER 17, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 06, 2019.



Michael L. Higgs
Director



2019 AUG 29 PM 4:19
TALLahassee, FLORIDA

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: dlhYI_WRQUSOF3iLCrsKrw
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>