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August 7, 2019

WILLIAM SCOTT GOLDMAN 1300 PENNSYLVANIA AVE, NW STE 700 WASHINGTON, DC 20004

SUBJECT: GOLDMAN LAW GROUP, PLLC, LLC

Ref. Number: W19000072246

ì

We have received your document for GOLDMAN LAW GROUP, PLLC, 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):

Remove 'LLC' from line #1. On the alternate name line, place the name exactly how it is on the certificate of existence, along with an LLC suffix,

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.

Brooke N Kinsey Regulatory Specialist II

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Letter Number: 119A00016194

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COVER LETTER

TO: Registration Section
Division of Corporations

GOLDMAN LAW GROUP, PLLC, LLC

SUBJECT:				_	
Name of L	Limited Liability	· Company			
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refero	oany for Authoris enced foreign lin	zation to Transact Business nited liability company to t	s in Florida ransact bus	." Certi iness in	iticate of i Florida.
Please return all correspondence concerning this matter to the	following:				
WILLIAM SCOTT GOLDMAN					
Na	ame of Person			-	
GOLDMAN LAW GROUP, PLLC, LLC					
Fi	rm/Company		1.5		
1300 PENNSYLVANIA AVE., NW; STE.	#700				
	Address		,	_	
WASHINGTON, DC 20004					
City/St	tate and Zip Coc	le		-	
wsgoldman@gmail.com					
E-mail address: (to be used	I for future annu	al report notification)		_	
For further information concerning this matter, please call:			:	2019	
WILLIAM SCOTT GOLDMAN	202 at (855-0995		2019 SEP	'n
Name of Contact Person	Area Cod	de Daytime Telephor	ne Number	ယ်	
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporation	ns Çi	PH 4:	
Registration Section P.O. Box 6327		Registration Section Clifton Building	 :	<u>:</u>	
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	Circle		
Enclosed is a check for the following amount:	-		m	<i>(</i>) . <i>(</i> -	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fi Certified Cop				cate

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: L GOLDMAN LAW GROUP, PLLC ### (Name of Foreign 1 imited 1 iability Company, must include "Limited Liability Company," "L. U.," or "LLU.") COLOMAN LAN CROSP, PILC, LLC (it name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate mane most include "I moter! Florida Hability Company," "E.L.C." or "E.C." or "E.C." 5 VIRGINIA 3. 84-1913957 (Juroshetton under the law of which foreign limited liability company is organized) (Eld munber, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0004 & 605-0905, U.S. to determine penalty liability) 1300 PENNSYLVANIA AVE., NW: STE, 700 6. 1300 PENNSYLVANIA AVE., NW; STE. 700 (Street Address of Principal Office) (Mailing Address) WASHINGTON, DC 20004 WASHINGTON, DC 20004 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg __ . Florida ³³⁷⁰² 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: OWNER WILLIAM GOLDMAN 1300 PA AVE NW WASHINGTON DC (Use attachments if necessary) 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

WILLIAM SCOTT GOLDMAN

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Goldman Law Group, PLLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 2, 2019; 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: July 19, 2019

Joel H. Peck, Clerk of the Commission