

M19000011174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

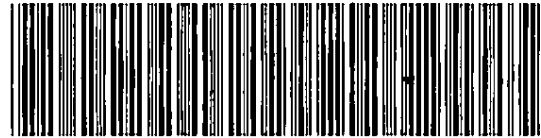
Special Instructions to Filing Officer:

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mailed 11/26/19

W19000098947

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Office Use Only



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2019 NOV 21 AM 10:46

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11/22/19

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: J. McGraw, LLC
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:

John McGraw
Name of Person

J. McGraw LLC
Firm/Company

5318 Nautilus Dr
Address

Cape Coral, FL 33904
City/State and Zip Code

joham@penn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McGraw 814 730 6010
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

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**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. J. McGraw, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Pennsylvania 3. 02-0789874
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5318 Nautilus Dr 6. Same
(Street Address of Principal Office) (Mailing Address)

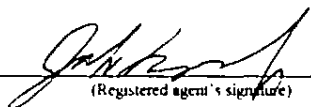
Cape Coral FL 33904

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

Name: John McGraw
Office Address: 5318 Nautilus Dr
Cape Coral 33904
 Florida
(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)

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C.L.

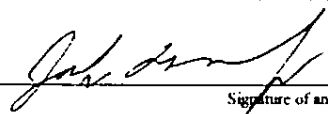
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John McGraw	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 5318 Nautilus Dr	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Cape Coral, Fl 33904	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Cathleen McGraw	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5318 Nautilus Dr	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Cape Coral Fl 33904	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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
 John McGraw

 Typed or printed name of signee

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 FLS
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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

J.McGraw, L.L.C.

I, Kathy Boockvar, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct Index and Docket report which appear of record in this department.

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2019 NOV 21



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC191028161866-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



Commonwealth of Pennsylvania
Bureau of Corporations and Charitable Organizations
401 North Street, Room 206, P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
www.dos.pa.gov/corps

Entity Report

October 28, 2019

Examination of the indices in the Department of State on the above date show a Limited Liability Company was filed on October 19, 2006 entitled:

J.McGraw, L.L.C.

Entity # 3684464

Citizenship: Domestic

With Address At: 210 Ludlow St , Warren ,PA, 16365

Filing History :

Date	Microfilm	Filing
10/19/2006	132	Creation Filing

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511 E.O.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2019

JOHN MCGRAW
5318 NAUTILUS DR
CAPE CORAL, FL 33904

SUBJECT: J. MCGRAW, LLC
Ref. Number: W19000098947

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 119A00023195