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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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WAIT

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MAIL

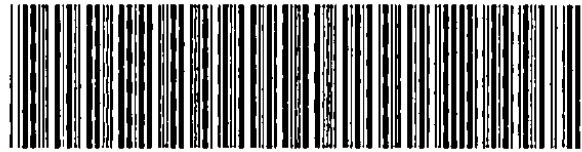
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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01/07/20--01014--012 **160.00

FILED
2020 JAN -7 P 5:00
TALLAHASSEE, FLORIDA

T LEMUEX

JAN 26 2020

COVER LETTER

Registration Section
Division of Corporations

VOGEL GLASER & ASSOCIATES, LLC

Name of Limited Liability Company

I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

All correspondence concerning this matter to the following:

JUDITH VOGEL

Name of Person

VOGEL GLASER & ASSOCIATES, LLC

Firm/Company

5188 EVEN STAR PLACE

Address

COLUMBIA, MD 21044

City/State and Zip Code

JUDY @ VOGELGLASER.COM

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

For further information concerning this matter, please call:

JUDY VOGEL

Name of Contact Person

at (410)

Area Code

730.9590

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 ACCORDANCE 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:

VOGEL GLASER & ASSOCIATES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
If applicable, 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.")

Maryland
(State or territory under the laws of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

1/2/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5188 EVEN STAR PLACE
(Street Address of Principal Office)

6. same
(Mailing Address)

COLUMBIA, MD 21044

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

Name: Judith Vogel

Office Address: 3430 Gulet Ocean Drive #307

Fort Lauderdale, Florida 33308
(City) (Zip code)

I, the undersigned, as registered agent, 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 the obligations of my position as registered agent.

Judith Vogel
(Registered agent's signature)

FILED
2020 JAN -7 P 5:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign (up to six (6) total):

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
	Name: <u>JUDITH VOGEL</u>	<input checked="" type="checkbox"/> Manager	Name: _____
	Address: <u>5188 EVENSTAR</u>	<input type="checkbox"/> Member	Address: _____
ed	<u>COLUMBIA, MD 21044</u>	<input type="checkbox"/> Authorized	_____
	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

er	Name: <u>DAVID GLASER</u>	<input type="checkbox"/> Manager	Name: _____
er	Address: <u>Same</u>	<input type="checkbox"/> Member	Address: _____
ized	<u>Same</u>	<input type="checkbox"/> Authorized	_____
1	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

ger	Name: _____	<input type="checkbox"/> Manager	Name: _____
ber	Address: _____	<input type="checkbox"/> Member	Address: _____
orized	_____	<input type="checkbox"/> Authorized	_____
on	_____	Person	_____
er	<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-individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Judith Vogel
Signature of an authorized person

JUDITH VOGEL
Typed or printed name of signer

STATE OF MARYLAND

Department of Assessments and Taxation

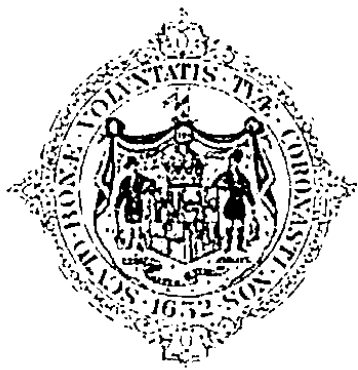
MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS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

FURTHER CERTIFY THAT VOGEL/GLASER & ASSOCIATES, LLC (W16434987), REGISTERED FEBRUARY 19, 2015, 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 DECEMBER 17, 2019.



Michael L. Higgs
Director



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

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