

MA20000002/53

(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:

Office Use Only



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02/14/20--01014--013 \*\*130.00

FILED  
2020 FEB 14 P 3:17  
FEB 14 2020  
FEB 14 2020

FEB 25 2021

ADEPT CREATIVE CO., LLC  
304 Maplewood Avenue  
Portsmouth, NH 03801  
603-294-0421

February 3, 2020

Mr. Austin Edwards  
2912 Summer Winds Circle  
St. Cloud, FL 34769

Re: Filing as a Non-Foreign Entity in State of Florida

Dear Austin:

I have prepared the Application by a Foreign Limited Liability Company for filing with the State of Florida and have enclosed a copy for your signature. The steps for forwarding the Application to the State are as follows:

1. Please sign on page 2 and 3 as indicated next to the blue sticker.
2. Please enclose the Application, together with the Certificate of Existence from the State of New Hampshire and the check made payable to the Florida Department of State in the amount of \$130.
3. The State provides a cover letter to accompany the Application which is also enclosed, together with a stamped envelop addressed to the Division of Corporations.

If you have any questions or wish to confirm the items being submitted to the State, please do not hesitate to contact me. Thank you.

I will follow up with the State to confirm that they have accepted the Application.

Sincerely,

  
Cindy Nix

/cn  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Adept Creative Co., 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:

Cindy Nix

Name of Person

Adept Creative Co., LLC

Firm/Company

304 Maplewood Avenue

Address

Portsmouth, NH 03801

City/State and Zip Code

cnix@mjdc304.com

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

For further information concerning this matter, please call:

Cindy Nix

603

294-0421

at (\_\_\_\_\_)

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Adept Creative Co., 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. New Hampshire  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4452467  
(FEI number, if applicable)

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

5. 304 Maplewood Avenue  
(Street Address of Principal Office)

6. 304 Maplewood Avenue  
(Mailing Address)

Portsmouth, NH 03801  
Portsmouth, NH 03801

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

Name: Austin Edwards

Office Address: 2912 Summer Winds Circle

St. Cloud  
(City)

Florida 34769  
(Zip code)

FILED  
2020 FEB 14 P 3:17  
TALLAHASSEE, FLORIDA

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:**                      **Name and Address:**

☒ Manager      Name: Eric Grondahl

☐ Member      Address: 304 Maplewood Avenue

☐ Authorized      Portsmouth, NH 03801

Person

☐ Other      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Austin Edwards

☐ Member      Address: 2912 Summer Winds Circle

☐ Authorized      St. Cloud, FL 34769

Person

☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person

☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person

☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person

☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

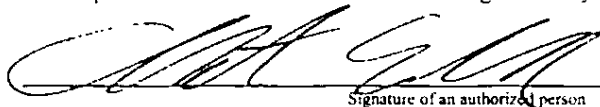
Person

☐ Other      ☐ 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

Austin Edwards

Typed or printed name of signer

**State of New Hampshire**  
**Department of State**

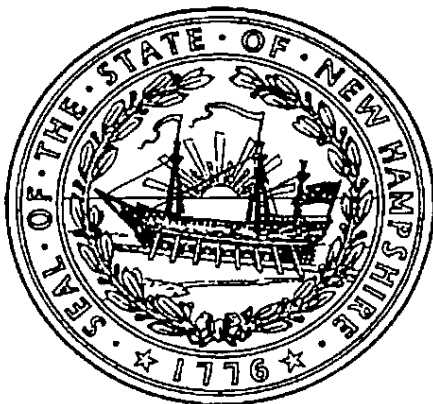
CERTIFICATE OF EXISTENCE

OF

**ADEPT CREATIVE CO., LLC**

This is to certify that **ADEPT CREATIVE CO., LLC** is registered in this office as a **New Hampshire Limited Liability Company** to transact business in New Hampshire on 1/20/2020 3:22:00 PM.

Business ID: 834932



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 20th day of January A.D. 2020

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State