

N1200000322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

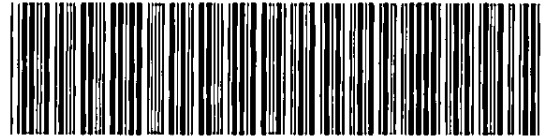
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W2000025774

Office Use Only



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03/25/20--01012--010 4-125.00

2020 MAR 23 4:51 PM

T GLASS

MAR 25 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2020

LISA A. COMPAGNO, ESQUIRE  
2929 WATSON BLVD. STE 2 #353  
WARNER ROBINS, GA 31093 US

SUBJECT: LISA A. COMPAGNO, LLC  
Ref. Number: W20000025474

We have received your document for LISA A. COMPAGNO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000085061.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 920A00005184

RECEIVED  
MAR 23 2020

***Lisa A. Compagno, LLC***

2929 Watson Blvd., Ste 2, #353 ~ Warner Robins, GA 31093  
[lisa@immlac.com](mailto:lisa@immlac.com) ~ (478) 551-4539 (office) ~ (561) 255-1970 (mobile)

ADMITTED TO PRACTICE IN:  
NEW YORK  
U.S. COURT OF APPEALS FOR THE FOURTH CIRCUIT  
U.S. COURT OF APPEALS FOR THE FIFTH CIRCUIT  
U.S. COURT OF APPEALS FOR THE ELEVENTH CIRCUIT

March 20, 2020

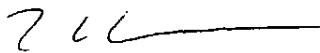
Tacarri K. Glass  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Lisa A. Compagno, LLC Reference # W20000025474  
Letter #920A00005184

Dear Tacarri K. Glass:

Per the attached document, please accept this letter stating I do not have any intention of revoking the dissolution of my previous business, Lisa A. Compagno, PA. Please release the name so I may use it for Lisa A. Compagno, LLC as a Foreign Entity in the state of Florida.

Thank you,



Lisa A. Compagno, Esq.

2020-03-23 PM 2:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lisa A. Compagno, 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:

Lisa A. Compagno, Esquire  
Name of Person

Lisa A. Compagno, LLC  
Firm/Company

2929 Watson Blvd. Ste 2, # 353  
Address

Warner Robins, GA 31093  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gina Kenyon at (478) 551-4539  
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

2006 MAR 23 PM 2:12

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. Lisa A. Compagno, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
d/b/a Lisa A. Compagno, Esq., Immigration Law and Advocacy Center  
(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. The State of Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 64-2805553  
(FBI number, if applicable)
4. n/a  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2929 Watson Blvd.  
(Street Address of Principal Office)
6. 2929 Watson Blvd.  
(Mailing Address)
- Suite 2, #353  
Warner Robins, GA 31093
- Suite 2, #353  
Warner Robins GA 31093

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

Name: Sarah P. Vickers, Esq.

Office Address: 4969 SE Dixie Hwy.  
Stuart, Florida 34997  
(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.

Sarah P. Vickers  
(Registered agent's signature)

2020 JUN 23 PM 2:12

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 type="checkbox"/> Manager	Name: <u>Gina Kenyon</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2929 Watson Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Ste 2, #353</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Warner Robins, GA 31093</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Stephen Dillenuth</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2608 SE Wiloughby</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Stuart, FL 31914-4100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>(Accountant)</u>	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.

2 c c  
\_\_\_\_\_  
Signature of an authorized person  
Lisa A. Compagno  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Lisa A. Compagno, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

2019 11 23

Docket Number : 18509561  
Date Inc/Auth/Filed : 08/15/2019  
Jurisdiction : Georgia  
Print Date : 02/03/2020  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State