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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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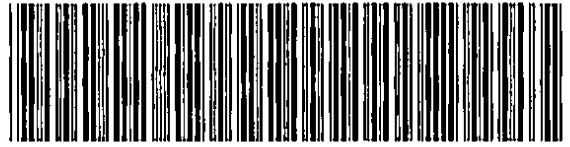
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/26/20--01019--002 **1055.00

03/10/20--01004--008 **125.00

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MAR 09 2020

2020 MAR 26 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTICEPT 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:

STEVEN ROGERS
Name of Person

ARTICEPT LLC
Firm/Company

242 S. WASHINGTON BLVD, 181
Address

SARASOTA, FL 34236
City/State and Zip Code

Steve.rogers@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN ROGERS at (703) 371-6482
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. ARTICEPT 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. COMMONWEALTH OF VIRGINIA 3. 320113646
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/13/2016
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 537 MADISON CT
(Street Address of Principal Office)

6. 242 S. WASHINGTON BLVD
(Mailing Address)

SARASOTA

UNIT 181

FL 34236

SARASOTA FL 34236

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

Name: STEVEN ROGERS

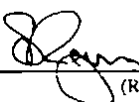
Office Address: 537 MADISON CT

SARASOTA Florida 34236
(City) (Zip code)

2020 MAR 26 PM 3:02
CLERK OF STATE
TALLAHASSEE, FL 32399

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]:

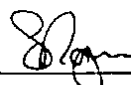
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>STEVEN ROGERS</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>242 S WASHINGTON BLYD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>UNIT 181</u>	<input type="checkbox"/> Authorized	_____
Person	<u>SARASOTA FL 34236</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 _____
<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 _____

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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

STEVEN ROGERS

 Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ARTICEPT LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on April 12, 2004; 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:

March 4, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2020

STEVEN ROGERS
ARTICEPT LLC
242 S WASHINGTON BLVD, 181
SARASOTA, FL 34236 US

SUBJECT: ARTICEPT LLC
Ref. Number: W20000027143

We have received your document for ARTICEPT LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1055.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 120A00005619

STEVEN ROGERS

242 S. Washington Blvd, 181, Sarasota, FL 34236 | 703.371.6482 | steve.rogers@mac.com

03/23/2020

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

Subj: Articept LLC, Ref W20000027143

Dear Ms Chang:

Regarding your letter number 120A00005619

I am enclosing a check for \$1055.00 for full payment of the fines assessed in your letter referenced above. I assume you will now proceed with filing my registration. If I need to take any further action, please notify me.

Sincerely

A handwritten signature in black ink, appearing to read "S. Rogers", with a stylized flourish at the end.

Steven Rogers

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MAR 26 2020