

md00000011408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

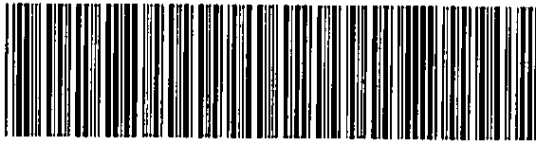
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/08/20--01021--018 **100.00

20 DEC -8 PM 3:00
RECEIVED

12/17/2011
00:00:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Potomac Law Group PLLC

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:

Galia Messika

Name of Person

Potomac Law Group PLLC

Firm/Company

1300 Pennsylvania Avenue, Suite 700

Address

Washington DC, 20004

City/State and Zip Code

gmessika@potomaclaw.com

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

For further information concerning this matter, please call:

Galia Messika

240

6001357

Name of Contact Person

at ()

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Potomac Law Group PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

Potomac Law Group LLC

(If name isn't suitable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Washington D.C. 45-0607242
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.004 & 605.002, F.S., to determine penalty, liability)

5. 1300 Pennsylvania Avenue, Suite 700 1300 Pennsylvania Avenue, Suite 700
(Street Address of Principal Office) (Mailing Address)
Washington D.C. 20004 Washington D.C. 20004
REC-3 PM 3:00

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

Name: NorthWest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg 33702
(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.

Tom Glover
(Registered agent's signature)

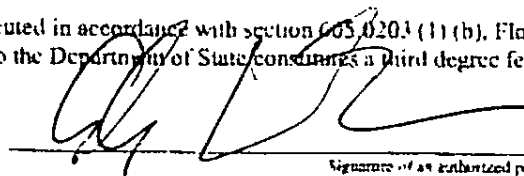
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Benjamin Lieber | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 1300 Pennsylvania Avenue, | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Suite 700 | <input type="checkbox"/> Authorized | _____ |
| Person | Washington D.C. 20004 | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Manager | Name: Marlene Laro | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 1300 Pennsylvania Avenue | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Suite 700 | <input type="checkbox"/> Authorized | _____ |
| Person | Washington D.C. 20004 | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: Galia Messika | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 1300 Pennsylvania Avenue | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | Suite 700 | <input type="checkbox"/> Authorized | _____ |
| Person | Washington D.C. 20004 | 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

Galia Messika

Typed or printed name of signer

Initial File #: L0000051870

Entity Type: LLC

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

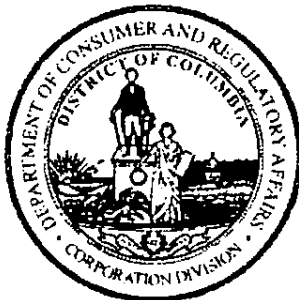
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

POTOMAC LAW GROUP PLLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 03/15/2011 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 11/22/2020 10:57 AM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: jJs164Qa