

1/8/2021

Division of Corporations

**M2100000348**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and attach it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000009511 3)))



H210000095113ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC  
Account Number : I201100000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@interstatefilings.com

2021 JAN -8 AM 10:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

RECEIVED

2021 JAN -8 AM 10:24

**Foreign Limited Liability Company  
MURRAY & JOSEPHSON, CPAS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JAN 11 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. MURRAY & JOSEPHSON, CPAS, 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 YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(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. 425 MADISON AVENUE, 9TH FLOOR

NEW YORK, NY 10017

(Street Address of Principal Office)

6. 425 MADISON AVENUE, 9TH FLOOR

NEW YORK, NY 10017

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MARK JOSEPHSON - MANAGING MEMBER 425 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10017

MARTIN MURRAY - MANAGING MEMBER 425 MADISON AVENUE, 9TH FLOOR NEW YORK, NY 10017

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

*Mark Josephson*

(Signature of an authorized person)

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

MARK JOSEPHSON

Typed or printed name of signee

FILED  
2021 JAN -8 AM 10:31  
DEPT. OF STATE  
TALLAHASSEE, FL 32399

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**MURRAY & JOSEPHSON, CPAS, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**MARK JOSEPHSON**

(Name)

**14160 PALMETTO FRONTAGE ROAD SUITE 190**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**MIAMI**

**FL 33016**

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

*Mark Josephson*

(Signature)

FILED  
STATE OF FLORIDA  
TALLAHASSEE

2021 JAN -8 AM 10:31

FILED

**State of New York  
Department of State } ss:**

*I hereby certify, that M & M, CPAS, LLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/17/2000, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*A certificate changing name to MURRAY & JOSEPHSON, CPAS, LLC was filed on 01/02/2002.*

*A Biennial Statement was filed 11/19/2002.*

*A Biennial Statement was filed 11/16/2004.*

*A Biennial Statement was filed 10/26/2006.*

*A Certificate of Publication of MURRAY & JOSEPHSON, CPAS, LLC was filed on 11/28/2007.*

*A Biennial Statement was filed 11/03/2008.*

*A Biennial Statement was filed 11/17/2010.*

*A Biennial Statement was filed 11/06/2012.*

*A Biennial Statement was filed 06/26/2017.*

*A Biennial Statement was filed 11/09/2018.*

*A Biennial Statement was filed 11/03/2020.*

*I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 07th day of January  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State