

Ma1000001238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

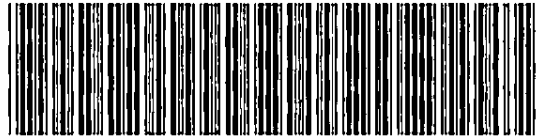
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100358075271

01/26/21--01012--003 **130.00

31 JAN 29 PM 3A
100358075271

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cambridge Federal, 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:

Michael C. Ross

Name of Person

Cambridge Federal, LLC

Firm/Company

126 E Olympia Ave Suite 404

Address

Punta Gorda, FL33950

City/State and Zip Code

Mike.Ross@CambridgeFederal.com

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

For further information concerning this matter, please call:

Michael C. Ross

410

443-1132

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. Cambridge Federal, 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. Maryland 3. 46-101-7605
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. <u>126 E Olympia Ave</u> (Street Address of Principal Office)	6. <u>126 E Olympia Ave</u> (Mailing Address)
<u>Suite 404</u>	<u>Suite 404</u>
<u>Punta Gorda, FL 33950</u>	<u>Punta Gorda, FL 33950</u>

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

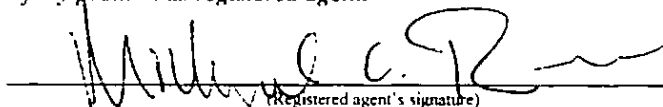
Name: Michael C. Ross

Office Address: 2814 La Mancha Ct

Punta Gorda, Florida 33950
(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.


(Registered agent's signature)

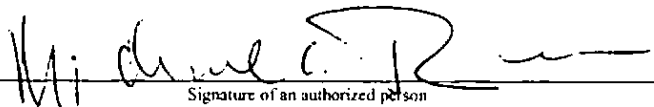
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Michael C. Ross, CEO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 126 E Olympia Ave	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Punta Gorda, FL 33950	<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 _____
<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.


Signature of an authorized person

Michael C. Ross

Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CAMBRIDGE FEDERAL, LLC (W14865562), REGISTERED SEPTEMBER 19, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 21, 2021.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: VWvyBYe2_0uJ2Y-B4ID9fw
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

1/21/2021

Mail - Mike Ross - Outlook

Maryland Business Express Payment Confirmation

donotreply@egov.com <donotreply@egov.com>

Thu 1/21/2021 3:45 PM

Payment Receipt Confirmation

Your payment was successfully processed. Payment doesn't guarantee the submission will be accepted or approved. If you do not receive an email within the next 10 days, please log into your account to verify your submission has been accepted.

Note: This charge by NIC Maryland will appear on your bank statement as MD DEPT ASSMNT/TAX.

Receipt Contact Information

Contact Name
Contact Email
Contact Phone
Contact Url

NIC Maryland, eGov Services Partner of Maryland.gov
mdhelp@egov.com
410-990-1090
<http://www.maryland.gov/pages/support.aspx>

Transaction Summary

Description	Order ID	Amount
Maryland Business Express		\$40.00
Maryland Business Express Filing Summary	52649512	\$40.00
Description	Order ID	Amount
Non-refundable NIC Maryland Service Fee	52649513	\$1.20

NOTICE for ACH payments: Ensure your Acct. Dept. removes the NICUSA, INC. Company ID 1522077581 from your corporate account debit block to prevent a returned item & associated fees.

Customer Information

Customer Name
Local Reference ID
Receipt Date
Receipt Time

Michael Ross
1102100793
1/21/2021
03:45:23 PM EST

Payment Information

Payment Type
Credit Card Type
Credit Card Number
Billing Name

Credit Card
AMEX
*****3003
michael c ross

Billing Information

Billing Address
Billing City, State
ZIP/Postal Code
Country
Phone Number
This receipt has been emailed to the address below.
Email Address

2614 La Mancha Ct
PUNTA GORDA, FL
33950
US
4104431132
mike.ross@cambridgefederal.com