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Pogust Goodhead Mousinho Bianchini and Martins LLC  
331 Northwest 26th Street, Suite 301  
Miami, Florida, 33127

(305) 582 6623  
mferrari@pgmbm.com

February 25, 2021

Florida Department of State  
Division of Corporations  
Attn: Yvette Scott  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Letter number: 621A00000609

Dear Ms. Scott,

Attached please find the application for registration of our company in Florida, including the information and documents that were inadvertently not filed with our original application.

Please contact me should you have any questions or require anything further.

Kind regards,

Melissa R. Ferrari  
Attorney at Law & Florida Civil Law Notary

FILED  
2021 MAR -4 PM 3:08  
DIVISION OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2021

MELISSA R. FERRARI  
331 N.W. 26TH STREET  
SUITE 301  
MIAMI, FL 33127

SUBJECT: POGUST GOODHEAD MOUSINHO BIANCHINI AND MARTINS LLC  
Ref. Number: W21000002809

We have received your document for POGUST GOODHEAD MOUSINHO BIANCHINI AND MARTINS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 621A00000609

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pogust Goodhead Mousinho Bianchini and Martins 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:

Melissa R. Ferrari

Name of Person

Pogust Goodhead Mousinho Bianchini and Martins LLC

Firm/Company

331 N.W. 26th Street, Suite 301

Address

Miami, Florida 33127

City/State and Zip Code

mferrari@pgmbm.com

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

For further information concerning this matter, please call:

Melissa Ferrari	305	582 6623
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

**FILED**  
2021 MAR -4 PM 3:08  
TALLAHASSEE, FL  
STATE

**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. Pogust Goodhead Mousinho Bianchini and Martins, 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. Pennsylvania 3. 85-1297059  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 161 Washington Street 6. 331 N.W. 26th Street, Suite 301  
(Street Address of Principal Office) (Mailing Address)  
Conshohocken, PA 19428 Miami, FL 33027

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

Name: Registered Agents, Inc.  
Office Address: 7901 4th Street N., Suite 300  
St. Petersburg 33702  
(City) , Florida (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.*

Bee Name  
(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):

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Harris L. Pogust

☒ Member Address: 3131 NE 7th Ave, Unit 4504

☐ Authorized Miami, FL 33137

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Melissa Ferrari

☐ Member Address: 331 N.W. 26th Street, Suite 301

☐ Authorized Miami, Florida, 33127

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

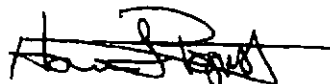
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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

Harris L. Pogust

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/17/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Pogust Goodhead Mousinho Bianchini & Martins LLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

2021 MAR -4 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Thomas W. DeGreg*

Acting Secretary of the Commonwealth

Certification Number: TSC210217172519-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>