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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2020

ABDOUL A. KONARE
5235 WESTVIEW DRIVE, SUITE 101
FREDERICK, MD 21703 US

SUBJECT: KONARE LAW PLLC
Ref. Number: W20000067280

We have received your document for KONARE LAW PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 420A00012870

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Konare Law

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:

Abdoul Konare

Name of Person

Konare Law, LLC

Firm/Company

5235 Westview Drive

Address

Frederick, MD 21703

City, State and Zip Code

akonare@konarelaw.com

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

For further information concerning this matter, please call:

Abdoul Konare

240

651.5937

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

1. Konare Law, PLLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

Konare Law, LLC
(Name and name must include "Limited Liability Company," "LLC," or "LLC")

2. District of Columbia 3. 27-5018208
(the state under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 09-01-2020
(Date first transacted business in Florida (place to registration)
(See sections 605.002 & 605.003, F.S., to determine penalty amounts)

5. 2929 SW 3rd Avenue 6. 2929 SW 3rd Avenue
(Street Address of Principal Office) (Mailing Address)
Unit 502 Unit 502
Miami, FL 33129 Miami, FL 33129

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

Name Abdoul Konare
Office Address 2929 SW 3rd Avenue, Unit 502
Miami 33129, Florida
(City) (Zip code)

FILED
2021 JUL -6 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Abdoul Konare
(Registered agent's signature)

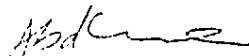
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Abdoul Konare</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: <u>5235 Westview Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 101</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Frederick, MD 21703</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 _____

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(4)(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.



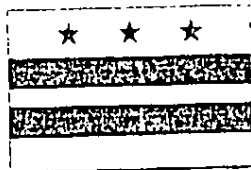
Signature of authorized person

Abdoul Konare

Typed or printed name of signer

Initial File #: L00004959528
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

Konare Law Firm PLLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 5/15/2014; 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 4/8/2020 5:27 PM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Acting Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor