M2100001326A

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
,		·
PICK-UP	MAIT	MAIL
(Ru	siness Entity Nar	ne)
124	Siness Entity Hai	110)
(Da		
(50	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700374237497

10/01/21--01024--018 *+125.00





COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Roma, Kir	shbaum & Sch	nmidt,	LLC		
000000		Name of Limi	ted Liability C	ompany		
The enclo	osed "Application by Fore e, and check are submitted	ign Limited Liability Company to register the above referenced	for Authorizat I foreign limit	ion to Transac ed liability con	t Business in Florida." apany to transact busin	Certificate of less in Florida.
Please re	turn all correspondence co	ncerning this matter to the follo	wing:			
	Licensir	ng Team				
	-	Name	of Person			
	Acumer	n Licensing				
		Firm/C	Company			
	600 Bro	adhollow Roa	d, Suite	e 200		
		Ac	ldress			
	Melville	, New York 17	47			
		•	ınd Zip Code		/	
	licensing	g@acumenlice	_			
E 6 4	٠	E-mail address: (to be used for	nuture annuai	героп поппса	uon)	
For Jurth	er information concerning	-	540	000 0	400	
	Gia DeFaze	at	<u>,516</u>	<u>, 986-3</u>		
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
	MAILING ADDRESS: Division of Corporations			STREET AD Division of Co		
	Registration Section			Registration S	ection	
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Buildi 2661 Executiv Tallahassee, F	re Center Circle	
	Enclosed is a check for the	e following amount: e to: FLORIDA DEPARTME	NT OF STAT	ΓE		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00		S160.00 Filing of Status & Cer	

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

_	une adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC
(Jurisdiction under the law of wh	nich foreign limited liability company is organized]	3. 87-2613579 (FEI number, il applicable)
	(Date fils) transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	e penalty flubility)
4600 Hwy	6 N, Ste 101	₆ 4600 Hwy 6 N, Ste 101
Hauetan I	* //!!\\	
Houston, I	X / / U04	Houston, TX 77084 Vegas, NV 89126
	s of Florida registered agent: (P.O. Box	
		NOT acceptable)
	s of Florida registered agent: (P.O. Box	NOT acceptable)

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.

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: Title or Capacity: Name and Address: Name: Michael Beck Manager
 Manager Manager Name: ____ Address: 4600 Hwy 6 N, Ste 101 ☐ Member Member Address: Houston, TX 77084 Authorized Authorized Person Person Other Other____ Other Other____ Manager Name: _____ Manager Name: _____ Member Address: Member Address; ___ ■Authorized Authorized Person Person Other Other____ Other___ Other Manager Name: Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other___ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Beck, Manager

Typed or printed name of signer

Corporations Section P.O.Box 13697 Austin. Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Roma, Kirshbaum & Schmidt, LLC (file number 804225489), a Domestic Limited Liability Company (LLC), was filed in this office on September 09, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 27, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1082196290002