

M210000 13835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

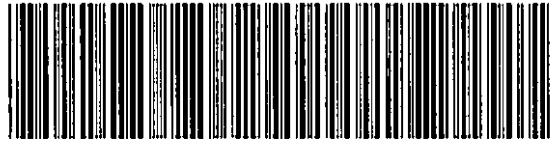
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
10-18-21

Office Use Only



200373719922

03-01-21--01125--020 **130.00

2021 OCT 18 PM 12:50
CLERK

OCT 20 2021

CLERK

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: McCreary Law Office, PLLC

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:

Jana R McCreary

Name of Person

McCreary Law Office, PLLC

Firm/Company

2060 N Loop W, Ste 104

Address

Houston, TX 77018

City/State and Zip Code

jana@mccrearylawoffice.com

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

For further information concerning this matter, please call:

Jana R McCreary

713

568-8600

Name of Contact Person

at ()

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

2021 OCT 18 PM 12:50

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. McCreary Law Office, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

McCreary Law Office, PLLC, 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. Texas 84-3987374
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 16, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2060 N Loop W
(Street Address of Principal Office)

6. 2060 N Loop W
(Mailing Address)

Ste 104

Ste 104

Houston, TX 77018

Houston, TX 77018

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

Name: Lori Bolen

Office Address: 2700 University Blvd W, Ste C

Jacksonville, Florida 32217
(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.

Lori L. Bolen
(Registered agent's signature)

2021 OCT 18 PM 12:50

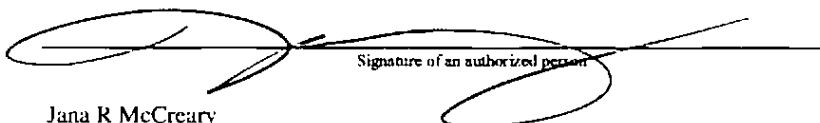
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jana R McCreary</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2060 N Loop W</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Ste 104</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Houston, TX 77018</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 (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
Jana R McCreary
 Typed or printed name of signer

2021 OCT 18 PM 12:50



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 McCreary Law Office, PLLC (file number 803410119), a Domestic Limited Liability Company (LLC), was filed in this office on September 03, 2019.

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 16, 2021.



A handwritten signature in black ink, consisting of a stylized 'J' and 'E' followed by a horizontal line.

Jose A. Esparza
Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2021

JANA R MCCREARY
MCCREARY LAW OFFICE, PLLC
2060 N LOOP W, STE 104
HOUSTON, TX 77018

SUBJECT: MCCREARY LAW OFFICE, PLLC
Ref. Number: W21000125819

We have received your document for MCCREARY LAW OFFICE, PLLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(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.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 821A00023209

Corrected on attached document.

Thank you,

Jana L McCreary

RECEIVED
OCT 18 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2021

JANA R MCCREARY
MCCREARY LAW OFFICE, PLLC
2060 N LOOP W, STE 104
HOUSTON, TX 77018

SUBJECT: MCCREARY LAW OFFICE, PLLC
Ref. Number: W21000125819

We have received your document for MCCREARY LAW OFFICE, PLLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$130.00.

We have received your document for MCCREARY LAW OFFICE, PLLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 821A00022527