

AUG - 8 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brown & Peisch 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:

Philip Peisch

Name of Person

Brown & Peisch PLLC/Brown & Peisch LLC

Firm/Company

1233 20th St NW Suite 505

Address

Washington DC 20036

City/State and Zip Code

ppeisch(@)brownandpeisch.com

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

For further information concerning this matter, please call:

Philip Peisch

202

499-4261

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

2024.11.17-5 P117:12

**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. Brown & Peisch PLLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Brown & Peisch 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. District of Columbia 3. 831868780
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1233 20th St NW 6. 1233 20th St NW
(Street Address of Principal Office) (Mailing Address)

Suite 505 Suite 505

Washington, DC 20036 Washington, DC 20036

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) (Zip code)

Florida

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.

By: C T Corporation System
(Registered agent's signature)

Rose Song, Assistant Secretary

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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]:

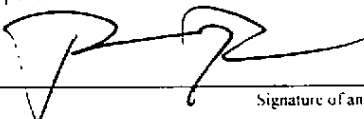
| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|--------------------------------|--|--|----------|--------------------------------|--|
| <input type="checkbox"/> Manager | Name: | Caroline Brown | | <input type="checkbox"/> Manager | Name: | Philip Peisch | |
| <input checked="" type="checkbox"/> Member | Address: | 4217 Lenore Ln NW | | <input checked="" type="checkbox"/> Member | Address: | 635 E St SE | |
| <input type="checkbox"/> Authorized | | Washington, DC 20008 | | <input type="checkbox"/> Authorized | | Washington, DC 20003 | |
| | 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 | |

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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

Philip Peisch

Typed or printed name of signee

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

Brown & Peisch PLLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 09/09/2018 ; 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 6/14/2022 1:52 PM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: PSZUgFHC

2024 JUN -5 PM 7:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2022

PHILIP PEISCH
1233 20TH ST NW STE 505
WASHINGTON, DC 20036 US

SUBJECT: BROWN & PEISCH LLC
Ref. Number: W22000092613

We have received your document for BROWN & PEISCH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

The registered agent must sign accepting the designation.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 322A00015765

RECEIVED
AUG 05 2022