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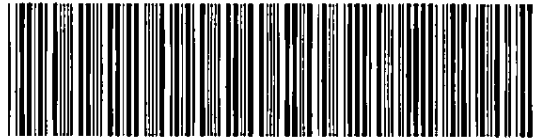
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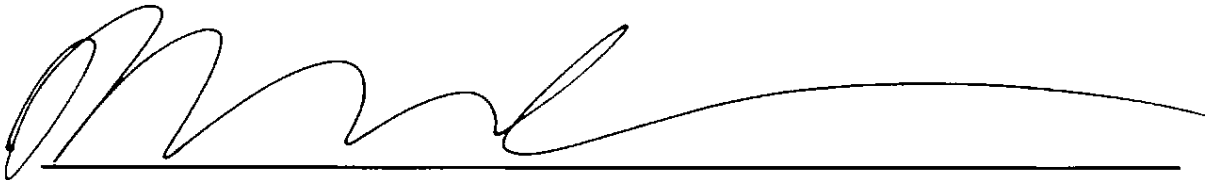
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEONARD & ASSOCIATES, CPA 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:

REBECCA N. CIRRINICIONE, ESQ.

Name of Person

PLG LAW

Firm/Company

1744 N. BELCHER ROAD, SUITE 150

Address

CLEARWATER, FL 33765

City/State and Zip Code

MATT@CPALEONARD.COM

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

For further information concerning this matter, please call:

REBECCA N. CIRRINICIONE, ESQ

727

726-1514

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

**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. LEONARD & ASSOCIATES, CPA PLLC

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

LEONARD & ASSOCIATES, CPA PROFESSIONAL LIMITED LIABILITY COMPANY

(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.")

NORTH CAROLINA

46-4246917

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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)

77 MCCACHERN BLVD. SE, SUITE 1

77 MCCACHERN BLVD. SE, SUITE 1

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

CONCORD, NC 28025

CONCORD, NC 28025

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

Name: PAOLA VERGARA

Office Address: 14590 CARVA LANE

FORT MYERS, FL, Florida 33905
(City) (Zip code)

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF HIGHLAND
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.

Paola Vergara

Paola Vergara (Sep 26, 2022 14:00 EDT)

(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: MATTHEW LEONARD

☒ Member Address: 77 MCCACHERN BLVD. SE

☐ Authorized SUTTE 1

Person CONCORD, NC 28025

☐ Other ☐ Other

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Matthew Leonard

Signature of an authorized person

MATTHEW LEONARD

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

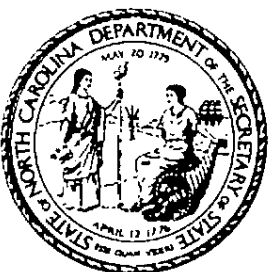
CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LEONARD & ASSOCIATES, CPA PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 4th day of December, 2013.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of September, 2022.

Elaine F. Marshall

Secretary of State