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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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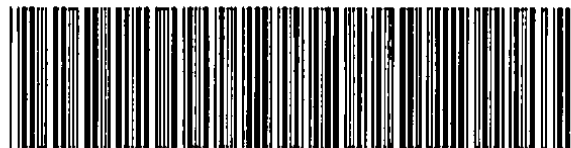
(Business Entity Name)

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CLERK OF STATE  
TALLAHASSEE, FL

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SABRINA A. LOMASTRO  
PARALEGAL  
Shutts & Bowen LLP  
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Sarasota, Florida 34236  
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January 5, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Application for Authorization to Transact Business – LLM, LLC**  
**Client-Matter No. 56257.0001**

FILED  
2023 JAN -9 PM 3:21  
OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed, please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced matter, along with check #625026 in the amount of \$125.00 for the filing fees. Kindly provide confirmation of filing to my attention.

Please let me know if you have any questions on this matter.

Sincerely,

**SHUTTS & BOWEN LLP**

Sabrina A. Lomastro

Enclosures

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

LLM of Sarasota, 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. Maine  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 001-44-2343  
(FEL 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. 17 Martin Avenue  
(Street Address of Principal Office)

6. 17 Martin Avenue  
(Mailing Address)

Scarborough, Maine 04074

Scarborough, Maine 04074

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

Name: Henry L. Rossi

Office Address: 1000 East Avenue N, Suite 2

Sarasota, Florida 34237  
(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.*

  
(Registered agent's signature)

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

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

☒ Manager Name: Neal W. Lehto

☐ Member Address: 17 Martin Avenue

☐ Authorized Scarborough, Maine 04074

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

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

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Neal W. Lehto  
\_\_\_\_\_  
Typed or printed name of signer

# State of Maine



## Department of the Secretary of State

*I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereinto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.*

*I further certify that LLM, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is January 27, 2006.*

*I further certify that on:*

January 27, 2006	ARTICLES OF ORGANIZATION were filed.
June 09, 2017	CHANGE OF AGENT was filed.
January 10, 2022	CHANGE OF AGENT was filed.

*No further amendments have been filed to date.*

*I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.*

*In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-second day of December 2022.*



*Shenna Bellows*

Shenna Bellows  
Secretary of State