

M23000004356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

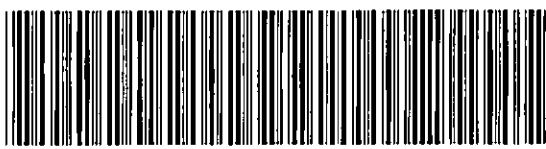
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000034365

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MAR 31 PM 4:25
TAMM/ASSISTANT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2023

ROBERT BEAVER
300 KANAWHA BLVD EAST
CHARLESTON, WV 25301 US

SUBJECT: SPILMAN THOMAS & BATTLE, PLLC
Ref. Number: W23000034365

We have received your document for SPILMAN THOMAS & BATTLE, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 423A00005825

RECEIVED

MAR 13 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spilman Thomas & Battle, 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:

Robert Beaver

Name of Person

Spilman Thomas & Battle, PLLC

Firm/Company

300 Kanawha Blvd East

Address

Charleston, WV 25301

City/State and Zip Code

rbeaver@spilmanlaw.com

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

For further information concerning this matter, please call:

Robert Beaver

304

340-3805

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. Spilman Thomas & Battle, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Spilman Thomas & Battle, 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. West Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 55-0282458
(FEI number, if applicable)

4. 4-1-2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 Kanawha Blvd East
(Street Address of Principal Office)

6. P.O. Box 273
(Mailing Address)

Charleston, WV 25301

Charleston, WV 25321-0273

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

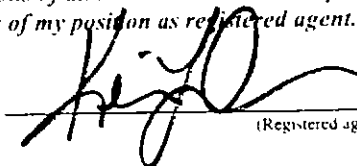
Name: Kevin L. Carr

Office Address: 59 Seamount Way

St Augustine, Florida 32092
(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)

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TALLAHASSEE, FL
SUNIL K. MATHIAS, CLERK

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: M. Ke Basile

☒ Member Address: 816 Kanawha Blvd E

☐ Authorized Unit 5N

Person Charleston, WV 25301

☐ Other _____ ☐ Other _____

☐ Manager Name: David Ferretti

☒ Member Address: 513 Linden Road

☐ Authorized Charleston, WV 25314

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Eric Iskra

☒ Member Address: 115 East Bridge Rd

☐ Authorized Charleston, WV 25314

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kevin Carr

☒ Member Address: 59 Seagrunt Way

☐ Authorized St. Augustine, FL 32092

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.

Michael J. Basile
Signature of an authorized person

Michael Basile

Typed or printed name of signer



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

SPILMAN THOMAS & BATTLE, PLLC

made application to the West Virginia Secretary of State's Office to be a registered professional limited liability company in the State of West Virginia on December 05, 1997. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:2WV1G_J5SCC



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
February 13, 2023*

Mac Warner

Secretary of State