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Special Instructions to Filing Officer:

M24000032453

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2024 MAR -6 AM 4:19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2024

KIMBERLY L GLIDING
90 PROSPECT STREET, PO BOX 99
ST. JOHNSBURY, VT 05819 US

SUBJECT: DOWNS RACHLIN MARTIN PLLC
Ref. Number: W24000032453

We have received your document for DOWNS RACHLIN MARTIN PLLC and your check(s) totaling \$125.00. 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.

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: 824A00004239

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MAR - 6 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Downs Rachlin Martin 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:

Kimberly L Gilding
Name of Person

Downs Rachlin Martin PLLC
Firm/Company

90 Prospect Street, P.O. Box 99
Address

St. Johnsbury, VT 05819
City/State and Zip Code

kgilding@drm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly L Gilding at (802) 473-4217
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

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. Downs Rachlin Martin PLLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. _____
(FEI number, if applicable)

4. January 1, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 90 Prospect Street
(Street Address of Principal Office)

6. P.O. Box 99
(Mailing Address)

St. Johnsbury, VT 05819

St. Johnsbury, VT 05819

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

Name: Kathleen H. Davis

Office Address: 7 Landings, Unit B

Key Largo, Florida 33037
(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.

Kathleen H. Davis
(Registered agent's signature)

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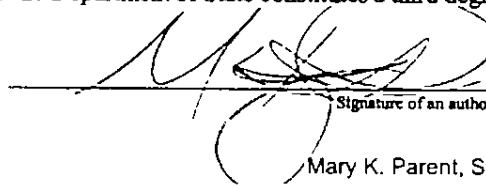
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: William D. Dodge	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 199 Main Street	<input type="checkbox"/> Member	Address: _____
	P.O. Box 190	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	Burlington, VT 05402		_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Timothy E. Copeland	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 132 Main Street, Suite 122	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Brattleboro, VT 05301	<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
 Mary K. Parent, Secretary

 Typed or printed name of signee

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

DOWNS RACHLIN MARTIN PLLC

a Domestic Professional Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Dec 24, 1997.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

January 30, 2024

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in dark ink, appearing to read "Sarah Copeland Hanzas".

Sarah Copeland Hanzas
Vermont Secretary of State

Business ID: 0001610
Certificate Number: 2014195556001