

M24000004740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

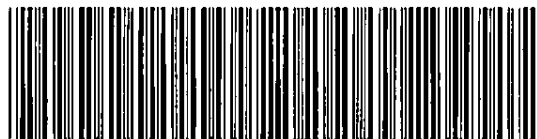
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/24--01025--015 **160.00

**Minerva Capitol Real Estate LLC
6760 Morning Ride Circle
Alexandria VA 22315**

Registration Section
Division of Corporations
ATTN: Andrea Andrews
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee FL 32303

RE: Foreign Entity Registration
VIA FEDEX OVERNIGHT

April 6, 2024

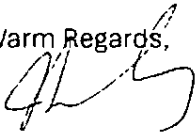
Ms. Andrews:

Please find, enclosed, the letter from the Virginia State Corporation Commission indicating that Minerva Capitol Real Estate LLC is a Virginia Limited Liability Company in good standing. I hope this resolves our Foreign Entity registration request favorably.

Please call me at 571-334-8903 or email me at info@mcre-llc.com with any further inquiries.

Thank you in advance.

Warm Regards,



Justin Shirk
President, Founder and Managing Director
Minerva Capitol Real Estate LLC

RECEIVED

APR 08 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Minerva Capitol Real Estate, LLC

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:

Justin Shirk

Name of Person

Minerva Capitol Real Estate LLC

Firm/Company

6760 Morning Ride Circle

Address

Alexandria VA 22315

City/State and Zip Code

info@mcrc-llc.com

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

For further information concerning this matter, please call:

Justin Shirk

571

334-8903

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

**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. Minerva Capitol Real Estate 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. Virginia 3. 45-5420434
(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)

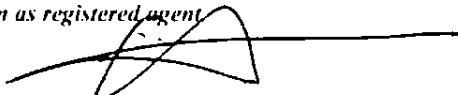
5. 6760 Morning Ride Circle 6. 6760 Morning Ride Circle
(Street Address of Principal Office) (Mailing Address)
Alexandria VA 22315 Alexandria VA 22315

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

Name: Philip J. Schipani, Esq
Office Address: 1605 Main Street; Suite 1110
Sarasota 34236
(City) , Florida (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 to manage [up to six (6) total]:

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

☒ Manager Name: Justin Shirk
☐ Member Address: 6760 Morning Ride Circle
☐ Authorized Alexandria VA 22315
Person
☐ Other 571-334-8903 ☐ Other

☒ Manager Name: Brian Nash
☐ Member Address: 8152 Skystone Loop
☐ Authorized Manassas Park VA 20111
Person
☐ Other 703-609-2209 ☐ Other

☒ Manager Name: Philip J. Schipani, Esq
☐ Member Address: 1605 Main Street
☐ Authorized Suite 1110
Person Sarasota FL 34236
☐ Other 941-524-9544 ☐ Other

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

☒ Manager Name: Rob Sheen
☐ Member Address: 6212 Garden Road
☐ Authorized Springfield, VA 22153
Person
☒ Other 703-926-1850 ☐ Other

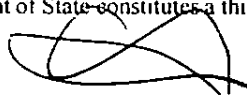
☒ Manager Name: Shaun Papperman
☐ Member Address: 1805 Misty Morning Dr
☐ Authorized Catonsville MD 21228
Person
☐ Other 410-402-4946 ☐ Other

☐ 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

Philip J. Schipani, Esq.

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

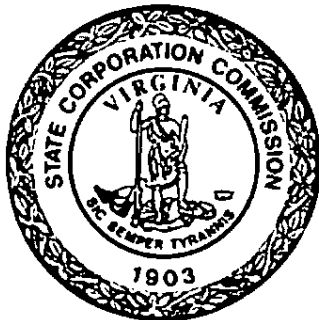
That Minerva Capitol Real Estate, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 16, 2012; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 6, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission