

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Ashfield Market Access LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA  
TALLAHASSEE  
DIVISION OF CORPORATIONS  
STATE

TALLAHASSEE, FL

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**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. ASHFIELD MARKET ACCESS 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. NORTH CAROLINA**

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

**3. 27-5020786**

(FEI number, if applicable)

**4. 05/07/2024**(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)**5. 1100 Virginia Drive**

(Street Address of Principal Office)

**6. 800 Township Line Rd**

(Mailing Address)

Ste 200

Ste 300

Fort Washington PA 19034

Yardley, PA 19067

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee

(City)

, Florida 32301

(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.*

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

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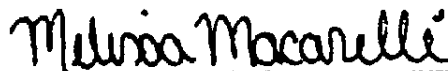
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>GREG FLYNN</u>	<input type="checkbox"/> Manager	Name: <u>AL PAVUCEK</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD,</u>	<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD,</u>
<input checked="" type="checkbox"/> Authorized	<u>SUITE 300</u>	<input checked="" type="checkbox"/> Authorized	<u>SUITE 300</u>
Person	<u>YARDLEY, PA, 19067</u>	Person	<u>YARDLEY, PA, 19067</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>RYAN HILL</u>	<input type="checkbox"/> Manager	Name: <u>MARTIN MORROW</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD,</u>	<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD,</u>
<input checked="" type="checkbox"/> Authorized	<u>SUITE 300</u>	<input checked="" type="checkbox"/> Authorized	<u>SUITE 300</u>
Person	<u>YARDLEY, PA 19067</u>	Person	<u>YARDLEY, PA, 19067</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>MELISSA MACARELLI</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1100 Virginia Drive,</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Ste 200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Fort Washington, PA 19034</u>	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

MELISSA MACARELLI

Typed or printed name of signee

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**NORTH CAROLINA**  
**Department of the Secretary of State**

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**CERTIFICATE OF EXISTENCE**  
**(Limited Liability Company)**

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

**ASHFIELD MARKET ACCESS LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 29th day of October, 2010

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said 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 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 8th day of May, 2024.

*Elaine F. Marshall*

Secretary of State

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