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COVER LETTER

TO:

	nced Court Reporting, LLC		
JECT:	Name	of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certifica eferenced foreign limited liability company to transact business in Florida.	
se return all con	respondence concerning this matter to	the following:	
Γ	Darcy Schramn		
		Name of Person	
F	Advanced Court Reporting, LLC		
_		Firm/Company	
F	P.O. Box 181		
_		Address	
C	Cohasset, MA 02025		
_	Ci	ity/State and Zip Code	
da	rcy.schramn@advancedcourt.com		
	E-mail address: (to be	used for future annual report notification)	
urther informa	tion concerning this matter, please cal	l :	
Darcy Sch	nramn	781 383-1188	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing A		Street Address:	
Registration Section		Registration Section	
	of Corporations	Division of Corporations The Contra of Tellehomes	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		2415 N. Monroe Street, Suite 810	
i arranas.	Sec. 112 32314	Tallahassee, FL 32303	
Enclosed i	s a check for the following amount:		

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:

L. Advanced Court Repor	ting, LLC Limited Liability Company; must include "Limite	d Liability Comp	any.""L.L.C." or "L.L.C.")			
N/A	inimica maciniy company, mod motion symme	o manning Compa	any, manes, or manes, y			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida The alternate	name must include "Limited Lia	bility Company," "L.L C," or	F"LLC")	
Massachusetts 2.		84-3 3.	899521			
2. (Jurisdiction under the law of which foreign limited hability company is organized)		J	(FEI number, if applicable)			
N/A 4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) tine penalty liability)				
8 Merrill Road 5. (Street Address of Principal Office)		P.O.	Box 181 Mailing Address)			
(Street Address of Principal Office)			Mailing Address)			
Hull, MA 02045		Cohasset, MA 02025				
	 		<u>.</u>		_	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accept	able)	(D) , ~		
Name:	Hillary Arroyo		_	2024 MAY - I		
Office Address:	1200 28th Ave N		-	-8 A		
	Naples		34103 Florida		J	
	(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.

Hillary T Arroyo

(Degistered 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]:

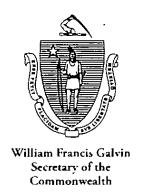
Title or Capacity: Name and Address:	Title or Capacity	Name and Address:
□Manager Name: Darcy Schramn	□Manager	Name: Elizabeth Dwyer
☐ Member Address: 8 Merrill Road	□Member	Address: 8 Merrill Road
Authorized Hull, MA 02045	Authorized	Hull. MA 02045
Person	Person	
OtherOther	□Other	□ Other
□Manager Name:	□Manager	Name:
☐Member Address:	□Member	Address:
□Authorized	□Authorized	
Person	Person	
□Other	□Other	□Other
□Manager Name: N/A	□Manager	Name: N/A
☐Member Address:	□Member	Address:
□Authorized	□Authorized	
Person	Person	
□Other	□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.

Darcy Schramn

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

March 28, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ADVANCED COURT REPORTING LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 4, 2019**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: DARCY L. SCHRAMN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DARCY L. SCHRAMN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DARCY L. SCHRAMN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin