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2024 SEP 04 07:19:33



111 N RAILROAD STREET
P.O. BOX 390
GROESBECK, TX 76693

September 3, 2024

Region Code 3346

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Application for Registration – Foreign LLC

Dear Sir/Madam:

We are filing the following documents on behalf of **Tradesman Program Managers, LLC**

The items checked below are enclosed.

- ☒ Application for Registration
- ☒ Check #12919 Amount \$130.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Andrea O'Hare

Andrea O'Hare
Specialist, Annuals and Corporates
Resource Pro
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6131
Fax: 254.729.8069
Email: andrea_ohare@resourcepro.com

76362

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tradesman Program Managers, 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:

Andrea O'Hare

Name of Person

ReSource Pro

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

dguadagno@tradesmanprogram.com

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

For further information concerning this matter, please call:

Andrea O'Hare

254

729-6131

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. Tradesman Program Managers, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. NY 3. _____
(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. 125 Park Ave., Suite 1530 6. 15 Davis Ave
(Street Address of Principal Office) (Mailing Address)
New York, NY 10017 Poughkeepsie, NY 12603

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

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach 33408
(City) (Zip code)
Florida

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.

Marie Edwards Marie Edwards - Special Secretary
(Registered agent's signature)

2014 SEP 14 PM 10:33

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: Daniel Hickey Jr.

☒ Member Address: 125 Park Ave., Suite 1530

☐ Authorized New York, NY 10017

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Richard Ecklord

☒ Member Address: 125 Park Ave., Suite 1530

☐ Authorized New York, NY 10017

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Thomas Kelly

☒ Member Address: 125 Park Ave., Suite 1530

☐ Authorized New York, NY 10017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

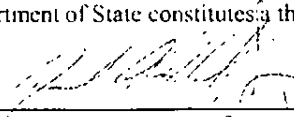
Person _____

☐ 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.



 Signature of an authorized person

Daniel Hickey Jr.

 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TRADESMAN PROGRAM MANAGERS, LLC
DOS ID Number: 4882544
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/20/2016
Statement Status: CURRENT
Statement Due Date: 01/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 01/20/2016
Entity Name: ROOSEVELT ROAD PROGRAM MANAGERS, LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 04/01/2016

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 08/05/2016
Name Changed To: TRADESMAN PROGRAM MANAGERS, LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/17/2019
Effective Date: 01/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/08/2020
Effective Date: 01/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/13/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on August 26, 2024 at
04:51 P.M.



WALTER T. MOSLEY
Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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