FILE 2ND M25000007225 FILE 2ND

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H25000181351 3)))

H250001813513ABC-

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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)472-0533

PLEASE RETAIN ORIGINAL DATE OF SUBMISSION 5/15/2025

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
Marketing Doctor, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	$155.00

2025 MAY 15 PM 1:01
APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu Help

MAY 19 2025
K. Brumbley

FILE 2ND

Please file after the dissolution of Marketing Doctor, Inc. (H25000177084 3)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Marketing Doctor, 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:

Tina Erales
Name of Person

Jones & Spross, PLLC
Firm/Company

1605 Lakecliff Hills Lane, Suite 100
Address

Austin, TX 78732
City/State and Zip Code

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

For further information concerning this matter, please call:

Tina Erales at (281) 910-8229
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

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Docusign Envelope ID: 17DADA31-8093-4398-A582-F29B799AA92A

Marketing Doctor, Inc., Florida Resolution

Marketing Doctor, Inc., formed in Florida on *September 11, 2018*, and voluntarily dissolved on May 15, 2025, will not revoke the dissolution. Marketing Doctor, Inc. also gives up its rights to this name.

This resolution is approved by:

Janet Casey
Name

Janet Casey
Signature

May 15, 2025
Date

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. Marketing Doctor, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 455182697
(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. 12 Woodridge Circle
Hatfield, MA 01038
(Street Address of Principal Office)

6. 12 Woodridge Circle
Hatfield, MA 01038
(Mailing Address)

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

Name: Tex Douglas

Office Address: 2000 South Ocean Boulevard, Whitehall 10-B

Boca Raton, Florida 33432
(City) (Zip code)

2025 MAY 15 PM 1:01
APPROVED AND FILED

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:	Title or Capacity:	Name and Address:
☐Manager	Name: Janet Casey	☐Manager	Name:
☐Member	Address: 12 Woodridge Circle	☐Member	Address:
■Authorized	Hatfield, MA 01038	☐Authorized	
Person		Person	
■Other President	■Other Secretary	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐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.

Signature of an authorized person

Janet Casey

Typed or printed name of signee

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARKETING DOCTOR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARKETING DOCTOR, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10174290 8300

SR# 20251800145

Authentication: 203537399

Date: 04-25-25

You may verify this certificate online at corp.delaware.gov/authver.shtml