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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

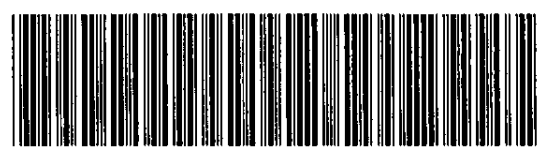
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Special Instructions to Filing Officer:  
  
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TALLAHASSEE, FLORIDA  
16 OCT 21 PM 4:00



NOV 09 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2016

LORI A HENRY  
FAW, CASSON & CO., LLP  
9748 STEPHEN DECATUR HWY STE 102  
OCEAN CITY, MD 21842

SUBJECT: FAW, CASSON & CO., LLP  
Ref. Number: W16000072282

RECEIVED  
2016 NOV -7 PM 4:04  
TALLAHASSEE, FLORIDA

We have received your document for FAW, CASSON & CO., LLP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00022793

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TALLAHASSEE, FLORIDA  
15 OCT 21 PM 4:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Faw, Casson & Co., LLP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Lori A. Henry

Contact Person

Faw, Casson & Co, LLP

Firm/Company

9748 Stephen Decatur Hwy., Suite 102

Address

Ocean City, Maryland 21842

City, State and Zip Code

lhenry@fawcasson.com

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

For further information concerning this matter, please call:

Lori A. Henry

Name of Contact Person

at ( 410 ) 213-1050

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

\$1,008.75 Filing Fees  
and Certificate of  
Status

\$1,052.50 Filing Fees  
and Certified Copy

\$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 21 PM 4:00

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Faw, Casson & Co., LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Maryland

State or Country of Formation

3. January, 1944

Date of Formation

4. Federal Employer Identification Number: 52-0619968

5. Name of Registered Agent for Service of Process and Florida Street Address:

Lauren S. Harper, CPA

698 NE Spanish River Blvd  
#26 Boca Raton, FL 33431

6. 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.

Lauren Harper, CPA

Signature of Registered Agent

7. Principal Office:

Faw, Casson & Co., LLP

9748 Stephen Decatur Hwy, 102

Ocean City, MD 21842

8. Mailing Address:

Faw, Casson & Co., LLP

P.O. Box 718

Ocean City, MD 21843

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Lauren S. Harper

Street Address: 9748 Stephen Decatur Hwy.

Ocean City, MD 21842

Mailing Address: Same As Above

Name of General Partner: Lisa S. Hastings

Street Address: 160 Greentree Drive, 203

Dover, DE 19904

Mailing Address: Same As Above

Name of General Partner: Kimberly A. Fonda

Street Address: 160 Greentree Drive, 203

Dover, DE 19904

Mailing Address: Same As Above

Name of General Partner: Alison L. Houck

Street Address: 20245 Bay Vista Rd.

Rehoboth Beach, DE 19971

Mailing Address: Same As Above

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TALLAHASSEE, FLORIDA  
JAN 21 PM 4:00

Chad T. Vent  
9748 Stephen Decatur Hwy., 103  
Ocean City, MD 21842

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Name of General Partner: Tammy J. Ordway

Name of General Partner: Brian J. Stetina

Street Address: 160 Greentree Drive, 203  
Dover, Delaware 19904

Street Address: 160 Greentree Drive, 203  
Dover, Delaware 19904

Mailing Address: Same As Above

Mailing Address: Same As Above

11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 3 day of October, 2016.

Jaunen Hanger, CPA  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

Page 2 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 21 PM 4: 00

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY PARTNERSHIPS, OR THE RIGHTS OF LIMITED LIABILITY PARTNERSHIPS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FAW, CASSON & CO. LLP, REGISTERED OCTOBER 01, 1994, IS A LIMITED LIABILITY PARTNERSHIP EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY PARTNERSHIP IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 01, 2016.



Michael L. Higgs  
Deputy Director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 21 PM 4:00



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097