4/18/2016

Division of Corporations

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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Kalahari Properti	es, LLC		
SOBIECT.	Nam	ne of Limited Linbility Company		
		offity Company for Authorization to Transact Bubove referenced foreign limited liability compar		
Please return	all correspondence concerning this ma	atter to the following:		
		Cheyenne Moseley		
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	101 N. Brand Blvd. 11th F	Floor		
		Glendale, CA 91203		ELIPSIA PAR
		City/State and Zip Code	<u> </u>	i nginik Tabuk Parang dang
	camas@westpa.net		(A) (C)	i 1
	E-mail address	; (to be used for future annual report notification)		i martinari
For further is	nformation concerning this matter, plea	ise caff:		
lm	elda Vasquez	323 962-8600 at ()	£3+	
	Name of Contact Person	Area Code Daytime Tel	ephone Number	
Div Reg P.O	ision of Corporations distration Section Box 6327 Jahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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Enclosed is a check for the following amount:
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Certificate of Status

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ing the state of t	de "Limited Liability Company," "L.I	C.," or "LLC.")
If name unavailable, enter all lability Company," "L.L.C,"	ternate name adopted for the purpose of tra	nsacting business in Florida. The alter	nute name must include "Limited
Pennsylvania	3.	263987040	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if ap	plicable)
05/01/2016			=======================================
215 Pennsylvania ave l	(Date first transacted business in F (See sections 605.0904 & 605.0905, East	lorida, if prior to registration.) F.S. to determine penalty liability)	
Warren, PA 16365			CO mary
215 Pennsylvania ave E	(Street Address of Princip	al Office)	71
Warren, PA 16365			- . .
	(Mailing Addres	s)	ू ज
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Joe Camas		
Office Address:	140 SW 56th Terrace		
	Cape Coral	Br. 1. 33914	
laving been named as rej	gistered agent and to accept service of	Florida (Zip o	ted liability company at the pla
laving been named as re- lesignated in this applicate ocamplywith the provision occept the obligations of n 3. The name, title or capa	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope- my position as registered agent (Registered agent) acity and address of the person(s) who h	(Zip of process for the above stated limit as registered agent and agree to a read complete performance of means against the signature) [24] [25] [26] [27] [28] [28] [28] [28] [28] [28] [28] [28	ted liability company at the plact in this capacity. I further of y duties, and I am familiar wi
laving been named as re- lesignated in this applicate o complywith the provision occept the obligations of n 3. The name, title or capa	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope uy position as registered agent (Registered ag	(Zip of process for the above stated limit as registered agent and agree to a read complete performance of means against the signature) [24] [25] [26] [27] [28] [28] [28] [28] [28] [28] [28] [28	ted liability company at the plact in this capacity. I further of y duties, and I am familiar wi
Having been named as re- lesignated in this applicate to complywith the provision accept the obligations of n B. The name, title or capa Linda L. Camas, Member	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope- my position as registered agent (Registered agent) acity and address of the person(s) who h	(Zip of process for the above stated limit as registered agent and agree to a read complete performance of me and complete performance of me the signature) [13.5] [14.5] [15.6] [16.5] [ted liability company at the plact in this capacity. I further of y duties, and I am familiar wi
designated in this application complywith the provision of management of the obligations of management of the compact of the c	tance: gistered agent and to accept service of sion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agen (Registered ag acity and address of the person(s) who the r, 140 SW 56th Terrace Cape Coral, of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)	(Zip of process for the above stated limit as registered agent and agree to a r and complete performance of manage is a signature) [as/have authority to manage is/are] FL 33914 FL 33914	ted liability company at the place in this capacity. I further of y duties, and I am familiar with the place in the place
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SEASON OF THE PROPERTY OF THE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/24/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Kalahari Properties, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160324121101-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx