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SECRETARY OF STATE

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COVER LETTER

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| ' O: | Registration Section Division of Corporation | s | | | | |
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| UBJE | B & E RE DEVELO | | | | | |
| UDJE | СТ: | Name of | Limited Liability (| lompany | · | |
| he ene visten | losed "Application by Force, and check are submitted | eign Limited Liability Comp I to register the above refer | pany for Authoriza enced foreign limit | tion to Tra ed liabilit | ansact Business in Florida," Co y company to transact business | ertificate s in Flori |
| ease | return all correspondence co | oncerning this matter to the | following: | | | |
| | BRANDON PO | WERS | | | | |
| | | .N | ame of Person | | | |
| | B & E RE DEV | ELOPMENT LLC | | | | |
| | | F | irm/Company | | | |
| | 851 KIEHL DR | IVE | | | | |
| | - 1 | | Address | • | | |
| | LEMOYNE, PA | 17043 | | | | |
| | | City/S | tate and Zip Code | <u> </u> | | |
| | HIB.ACCNTDEP | T@GMAIL.COM | | | | |
| | | E-mail address: (to be used | d for future annual | report no | tification) | |
| r fun | her information concerning | this matter, please call: | | | | |
| | JODI MARCIANO | | 717 | 805-31 | 14 | |
| | Name of | Contact Person | at (Area Code | Day | ytime Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| ncloso | d is a check for the following \$125.00 Filing Fee | ng amount; ■ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ıg Fec & | ☐ \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | mate name adopted for the purpose of transacting business i | | iability Company," "L.L.C," or "EEC.") |
|--|--|--|--|
| | OUNTY, PENNSYLVANIA v of which foreign limited hability company is organized) | 3. 81-2208649 | mber, (fapplicable) |
| | , | , | |
| 4. N/A | (Date first transacted husiness in Florida, il nri | or to registration.) | |
| | (Date first transacted business in Florida, if pri (See sections 605 0404 & 605,0405, F.S. to de | | |
| 5. 851 KIEHL DRIV | S of Principal Office) | 6. 851 KIEHL DRIVE | litrese) |
| LEMOYNE, PA 1 | • | LEMOYNE, PA 17043 | ······································ |
| <u> </u> | | | |
| | | | <u> </u> |
| 7. Name and street ac | Idress of Florida registered agent: (P.O. I | Box NOT acceptable) | .E. CR.: → |
| _ | • | <u> </u> | |
| Name: | KIM ANTLE | | SSE L |
| Office Addre | ess: 9918 COURTNEY PALMS BLVD |), UNIT 104 | |
| | TAMPA | Florida 33619 | |
| | (Cny) | (Zip c | |
| Registered agent's a | cceptance: as registered agent and to accept service | | Σ''' ω |
| | ovisions of all statutes relative to the pro tions of my position as registered agent. | | |
| | - | per and complete performance of m | et in this capacity. I further agree of duties, and I am familiar with |
| and accept the obliga | capacity and address of the person(s) who | per and complete performance of m | y duties, and I am familiar with |
| and accept the obligates. S. The name, title or | capacity and address of the person(s) who | per and complete performance of m | y duties, and I am familiar with |
| 8. The name, title or Title or Capacity | capacity and address of the person(s) who we BRANDON POWERS 851 KIEHL DRIVE | o has/have authority to manage is/are: | Name and Address: JODI MARCIANO 851 KIEHL DRIVE |
| 8. The name, title or Title or Capacity | capacity and address of the person(s) who we have and Address: BRANDON POWERS | o has/have authority to manage is/are: | Name and Address: JODI MARCIANO |
| 8. The name, title or Title or Capacity OWNER/PRES. | capacity and address of the person(s) who will be a series of the person | o has/have authority to manage is/are: | Name and Address: JODI MARCIANO 851 KIEHL DRIVE |
| 8. The name, title or Title or Capacity | capacity and address of the person(s) who we have a seminary of the person of the pers | o has/have authority to manage is/are: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE |
| 8. The name, title or Title or Capacity OWNER/PRES. | capacity and address of the person(s) who will be a series of the person | o has/have authority to manage is/are: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE |
| 8. The name, title or Title or Capacity OWNER/PRES. | capacity and address of the person(s) who we Name and Address: BRANDON POWERS 851 KIEHL DRIVE LEMOYNE, PA 17043 INAT KIM ANTLE 9918 COURTNRY PALM TAMPA, FL 33619 | o has/have authority to manage is/are: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE |
| 8. The name, title or Title or Capacity OWNER/PRES. MNGR/COORD | capacity and address of the person(s) who is: Name and Address: BRANDON POWERS 851 KIEHL DRIVE LEMOYNE, PA 17043 INA1 KIM ANTLE 9918 COURTNRY PALM TAMPA, FL 33619 eccessary) | o has/have authority to manage is/are: Title or Capacity: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE LEMOYNE, PA 17043 |
| 8. The name, title or Title or Capacity OWNER/PRES. MNGR/COORD (Use attachments if n 9. Attached is a certifit | capacity and address of the person(s) who we Name and Address: BRANDON POWERS 851 KIEHL DRIVE LEMOYNE, PA 17043 INAT KIM ANTLE 9918 COURTNRY PALM TAMPA, FL 33619 | o has/have authority to manage is/are: Title or Capacity: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE LEMOYNE. PA 17043 |
| 8. The name, title or Title or Capacity OWNER/PRES. MNGR/COORD (Use attachments if n 9. Attached is a certifit | capacity and address of the person(s) who we Name and Address: BRANDON POWERS 851 KIEHL DRIVE LEMOYNE, PA 17043 INA1 KIM ANTLE 9918 COURTNRY PALM TAMPA, FL 33619 eccessary) cate of existence, no more than 90 days of law of which it is organized. (1) the certif | o has/have authority to manage is/are: Title or Capacity: VP OF ACCNTING | Name and Address: JODI MARCIANO 851 KIEHL DRIVE LEMOYNE. PA 17043 |
| 8. The name, title or Title or Capacity OWNER/PRES. MNGR/COORD (Use attachments if n 9. Attached is a certification under the of the translator must | capacity and address of the person(s) who is a segment of the person of | o has/have authority to manage is/are: Title or Capacity: VP OF ACCNTING Signature) Old, duly authenticated by the official licate is in a foreign language, a transleton (1) (b), Florida Statutes, I am away | Name and Address: JODI MARCIANO 851 KIEHL DRIVE LEMOYNE, PA 17043 having custody of records in the ation of the certificate under oath |
| 8. The name, title or Title or Capacity OWNER/PRES. MNGR/COORD (Use attachments if n 9. Attached is a certification under the of the translator must | capacity and address of the person(s) who is: Name and Address: | o has/have authority to manage is/are: Title or Capacity: VP OF ACCNTING Signature) Old, duly authenticated by the official licate is in a foreign language, a transleton (1) (b), Florida Statutes, I am away | Name and Address: JODI MARCIANO 851 KIEHL DRIVE LEMOYNE, PA 17043 having custody of records in the ation of the certificate under oath |
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 07/25/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

B & E RE Development 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.

THE COARD OF THE C

IN TESTIMONY WHEREOF, I have hereumo 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: TSC170725120881-1

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