

M23000012809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

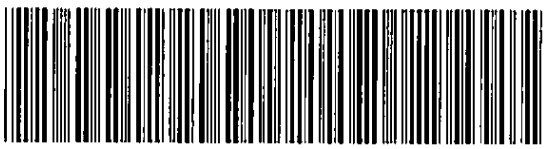
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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2023 OCT -4 PM 4:39  
TAMM COUNTY CLERK  
TAMM COUNTY, MISSISSIPPI

OCT - 5 2023  
K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2023

ANDREW D. FRY  
602 RIVER DR.  
LANCASTER, PA 17603

SUBJECT: AJ HOME SOLUTIONS LLC  
Ref. Number: W23000117384

We have received your document for AJ HOME SOLUTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please choose a title for Andrew and James. "Partner" is not an acceptable title.,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 823A00020083

RECEIVED  
SEP 29 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

AJ Home Solutions LLC

SUBJECT: \_\_\_\_\_  
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:

Andrew D Fry

\_\_\_\_\_  
Name of Person

AJ Home Solutions LLC

\_\_\_\_\_  
Firm/Company

602 River Dr.

\_\_\_\_\_  
Address

Lancaster PA 17603

\_\_\_\_\_  
City/State and Zip Code

andy@yourlancasterhome.com

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

For further information concerning this matter, please call:

*Andy Fry*

\_\_\_\_\_  
Name of Contact Person

at ( 717 )

Area Code

799-0189

\_\_\_\_\_  
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

RECEIVED

AUG 18 2023

*no \$*

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. AJ Home Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AJ Home Solutions 1 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1120804
(FTI 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. 602 River Dr.
(Street Address of Principal Office)
Lancaster, PA 17603
6. Same
(Mailing Address)

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

Name: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

APPROVED AND FILED
2023 OCT -4 PM 4:39

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.

David Roberts
(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:  
 Manager                      Name: Andrew Fry  
 Member                      Address: 602 River Dr  
 Authorized                      Lancaster, PA 17603  
Person \_\_\_\_\_  
 Other ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager                      Name: James Fisher  
 Member                      Address: 72 S Pearl St  
 Authorized                      Mountville, PA 17554  
Person \_\_\_\_\_  
 Other ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~                       Other \_\_\_\_\_

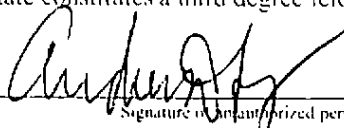
Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

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

Andrew D. Fry

\_\_\_\_\_  
Typed or printed name of signer

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** AJ Home Solutions, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** August 14, 2023  
**Request No.:** 020385423 **File No.:** 0006387477  
**Receipt No.:** 000645062  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** April 04, 2016  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

AJ Home Solutions, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)