4/22/2015 1:08:01 PM From: To: 8506176383(1/5) Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

AF.P.

## FLORIDA/FOREIGN LP/LLLP Shaner Coastal Ventures, LP

Certificate of Status	0
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Page Count	05
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Page 1 of 1

S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

4/22/2015 1:08:01 PM From: To: 8506176383( 2/5 )

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Shaner Con	stal Ventures, LP			
Nan	ne of Foreign Limited Partn	ership or Limited Liability	Limited Partnership	
partnership to transact bu		_	a foreign limited partnership or limited liability (	imited
Nancy Rush				
· · · · · · · · · · · · · · · · · · ·	Contact Person			
Shaner Constal Ventures	, LP			
	Firm/Company			
1965 Waddle Road				
	Address	<del></del>		
State College, PA 16803	ŀ			
C	ity, State and Zip Code			
nrush@shanercorp.com				
E-mail address: (to be	used for future annual repor	t notification)		
For further information of	oncerning this matter, pleas	se call:		
Nancy Rush		at (814 ) 278-7	212	
Name of Conta	ct Person		me Telephone Number	
Enclosed is a check for t	he following amount:			
& \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	E) \$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 C Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	·	 27

5 AFR 22 AFTH: U

4/22/2015 1:08:01 PM From: To: 8506176383( 3/5 )

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

Acceptable Limited P	mited Partnership or Limited larinership suffixes: Limited Part	Liability Limited Partnership, whice tnership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partne			
If name unavailable		artnership or limited liability limited Plorida; must contain acceptable suffi		to transa	act
2. Delaware		3, April 20 , 2015			
	ite or Country of Formation	Date	of Formation		
4. Federal Employer	r Identification Number applied	for			
	ed Agent for Service of Process				
C T Corporation Sys	tem				
1200 South Pine Isla	nd Rood				
Plantation, Florida 3	3324				
6. I hereby accept th of all statutes rela my position as reg	tive to the proper and complete p	nt and agree to act in this capacity. I performance of my duties, and I am fa ion System	further agree to comply with the imiliar with and accept the obli	gations o	ons f
	Si	anature of Registered Agent			
7. Principal Office: 1965 Waddle Road		8. Mailing Address: 1965 Waddle Road	Participation (		
State College, PA 16	5803	State College, PA 16803		ਯੀ	
9. If limited partne	rship is a limited liability limite	d partnership, check box .		APR 27	
10. Name, principa	l office address, and mailing ad	dress of each general partner;	;	, 12	11
Name of General	Partner: Shanor Capital, LLC	Name of General Par	riner:	235	$\bigcirc$
Street Address:	1965 Waddle Road	Street Address:			
Sheet Abdress.	State College, PA 16803	Union Modern	-	3	
Mailing Address:	1965Waddle Road	Mailing Address:			<del></del>
	State College, PA 16803				
Name of Genera	Partner:	Name of General Par	rtner:		
Street Address:		Street Address:			
Mailing Address	:	Mailing Address:			

Name of General Par	iner:	Page 1 of 2 Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
11. Effective date, if oth (Effective date cannot be	er than the date of filing: prior to nor more than 90 days after	the date this document is filed by the Fiorida Department of State.)	
	atc, by the Secretary of State or other	of more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction un	der
Signed this	day of April	20 15	
submitted in a document Filing	Lance T. Shaner is document affirm that the facts state to the Department of State constitutes	re of a general partner, Manager and the individual is aware that false information as third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50	
	cate of Status (optional):	\$8.75	

Page 2 of 2

## Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHANER COASTAL VENTURES, LP" 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-SECOND DAY OF APRIL, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5732186 8300

150536926

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

Jeffrey W Bullock, Secretary of State

 $\mathcal{I}$ 

DATE: 04-22-15