

B190 0000 00 34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

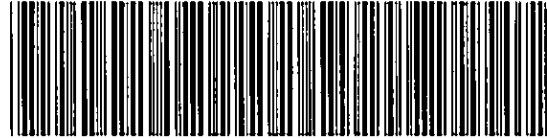
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/29/19--01014--030 **1061.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 29 PM 12:43

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UHS
2-2-19

✿ -Scott M. Grant*
-Jeffrey R. Grant
-Joshua A. Grant
*Also admitted in MA

GRANT Solutions
LAW, P.A. Oriented
Legal
Counsel

January 29, 2019

Via Federal Express

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

Re: Star Mobile Home Sales, L.P.

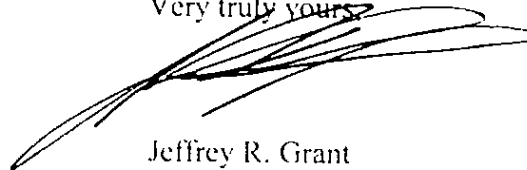
Dear Sir/Madam:

Please find enclosed the Application by Foreign Limited Partnership or Limited Liability Limited Partnership to Transact Business in Florida with related documents.

Also, enclosed is our firm check in the amount of \$1,061.25 representing the fees and a self-addressed stamped envelope for the return of the documents.

Please feel free to contact our office if there are any questions.

Very truly yours,



Jeffrey R. Grant

JRG/rll
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR MOBILE HOME SALES, L.P.

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:

Jeffrey R. Grant, Esq.

Contact Person

GRANTLAW, P.A.

Firm/Company

3400 Tamiami Trail North, Suite 201

Address

Naples, FL 34103

City, State and Zip Code

jgrant@grantlawswfl.com

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

For further information concerning this matter, please call:

Glenn McDonald

at (814) 864-3776

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

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

1. STAR MOBILE HOME SALES, L.P.

(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. Pennsylvania

State or Country of Formation

3. January 1, 1975

Date of Formation

4. Federal Employer Identification Number: 25-1195147

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

Jeffrey R. Grant

3400 Tamiami Trail North, Suite 201

Naples, FL 34103

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.

Signature of Registered Agent

7. Principal Office:

8191 Peach Street

Erie, PA 16509

8. Mailing Address:

8191 Peach Street

Erie, PA 16509

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: Woodland Heights Apartments, Inc.

Name of General Partner: _____

Street Address: 8191 Peach Street

Street Address: _____

Erie, PA 16509

Mailing Address: 8191 Peach Street

Mailing Address: _____

Erie, PA 16509

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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CLERK OF DISTRICT COURT

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 23rd day of JANUARY, 2019

Glen A. McDonald
Signature of a general partner

The individual signing this document affirms 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.

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

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2019 JAN 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/23/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WOODLAND HEIGHTS APARTMENTS, INC.

is duly registered as a Pennsylvania Business Corporation 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

Kathy Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190123130920-1

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/23/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STAR MOBILE HOME SALES, LP

is duly registered as a Pennsylvania Limited Partnership 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

Kathy Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190123130888-1

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