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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

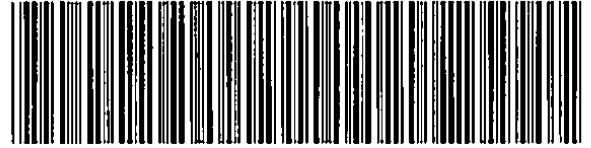
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/30/19--01018--030 **1061.25

FILED
2019 AUG 14 PM 4:50

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AUG 15 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2019

STEPHEN BRIGHT
4800 EAST STREET ROAD
TREVOSE, PA 19053

SUBJECT: 1170 WHEELER WAY, LP
Ref. Number: W19000072928

We have received your document for 1170 WHEELER WAY, LP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00016336

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1170 WHEELER WAY, LP
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:

STEPHEN F. BRIGHT, GENERAL COUNSEL

Contact Person

1170 WHEELER WAY, LP

Firm/Company

4800 EAST STREET ROAD

Address

TREVOSE, PA 19053

City, State and Zip Code

jmoscufo@asicentral.com

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

For further information concerning this matter, please call:

STEPHEN F BRIGHT, ESQUIRE at (215) 953-3518

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$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 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. 1170 WHEELER WAY, LP
(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 3. JULY 6, 1994
State or Country of Formation Date of Formation

4. Federal Employer Identification Number: 23-2776081

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

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

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.

Jennifer Tasevli Asst. Secretary
Signature of Registered Agent

7. Principal Office:
4800 EAST STREET ROAD
TREVOSE, PA 19053

8. Mailing Address:
4800 EAST STREET ROAD
TREVOSE, PA 19053

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: <u>DEBRA LW COHN</u>	Name of General Partner: <u>KIMBERLI C BAILEY</u>
Street Address: <u>4800 EAST STREET ROAD</u>	Street Address: <u>4800 EAST STREET ROAD</u>
<u>TREVOSE, PA 19053</u>	<u>TREVOSE, PA 19053</u>
Mailing Address: <u>SAME AS ABOVE</u>	Mailing Address: <u>SAME AS ABOVE</u>

Name of General Partner: <u>STEPHANIE C SCHAEFFER</u>	Name of General Partner: <u>SEAN JONATHAN D. COHN</u>
Street Address: <u>4800 EAST STREET ROAD</u>	Street Address: <u>4800 EAST STREET ROAD</u>
<u>TREVOSE, PA 19053</u>	<u>TREVOSE, PA 19053</u>
Mailing Address: <u>SAME AS ABOVE</u>	Mailing Address: <u>SAME AS ABOVE</u>

Name of General Partner: MATTHEW N. COHN Name of General Partner: _____
Street Address: 4800 EAST STREET ROAD Street Address: _____
TREVOSE, PA 19053 _____
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: October 23, 2019
(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 25th day of July, 2019


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

FILED
2019 AUG 14 PM 4:50
CLERK OF COURT
STATE OF FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/14/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

1170 WHEELER WAY, L.P.

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.

Kathleen Brockman

Acting Secretary of the Commonwealth

Certification Number. TSC190814070059-1

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