| (Req                      | uestor's Name)   |              |
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| PICK-UP                   | ☐ WAIT           | MAIL         |
| (Bus                      | iness Entity Nar | ne)          |
|                           | ument Number)    |              |
| (Doc                      | ument Number)    |              |
| Certified Copies          | Certificates     | s of Status  |
| Special Instructions to F | iling Officer:   |              |
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## **WALK IN**

|           |                    |         | Pl                 | CK UP  | ) <b>.</b> _ | 11/      | 03/2020     | )<br> |   |                    |             |                |
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| DA<br>COF | ANK(               | O HOL   | DINGS,<br>E AND DO | L.P.   | #)           |          |             |       |   |                    |             |                |
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December 1, 2020

Florida Department of State Properties Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Danko Holdings, I. P.

Dear Sir/Madam:

Danko Holdings, Inc., a Pennsylvania corporation, has received from the Florida Department of State a Certificate of Authority on November 16, 2020! Danko Holdings, Inc., is the General Partner of Danko Holdings; L.P., and would like to file an Application by Foreign Corporation for Authorization to Transact Business in Florida for the Limited Partner, Danko Holding, L.P.

I appreciate your consideration to this matter.

Regards,

Daniel A. Klingerman

Baldan.

President -

DAK/djb

SECRETARY OF STATE

८ जिल्लाचित्रीत्रिक्तिकार राज्यास्य १९८८ मार्चे २ च्या स्टब्सिक

a no l'encagni Componentation.

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

| Acceptable Limited   | Jimited Partnership or Limited Liabi<br>Partnership suffixes: Limited Partnersh | lity Limited Partnership, which must include suffix<br>hip, Limited, L.P., LP, or Ltd.<br>Limited Liability Limited Partnership, L.L.L.P. or LL. |                        |  |  |  |  |  |
|----------------------|---|--|------------------------|--|--|--|--|--|
| If name unavailable  |   | rship or limited liability limited partnership proposes t<br>a; must contain acceptable suffix.  | o register to transact |  |  |  |  |  |
| 2. PA                |   | 3. 02/28/2002  |                        |  |  |  |  |  |
|                      | tate or Country of Formation  | Date of Formation  |                        |  |  |  |  |  |
| 4. Federal Employe   | er Identification Number: 71-0869058  |  |                        |  |  |  |  |  |
| 5. Name of Register  | red Agent for Service of Process and i  | Florida Street Address:  |                        |  |  |  |  |  |
| Registered Agent So  | olutions, Inc.  |  |                        |  |  |  |  |  |
| 155 Office Plaza Dr  | :., Suite A   |  |                        |  |  |  |  |  |
| Tallahassee, FL 323  | 301   |  |                        |  |  |  |  |  |
|                      | ative to the proper and complete performatistic agent.                          | agree to act in this capacity. I further agree to companie of my duties, and I am familiar with and accept Mackenzie Hart, Ass't Sec             |                        |  |  |  |  |  |
| 7. Principal Office: |   | 8. Mailing Address:  |                        |  |  |  |  |  |
| 1500 Sycamore Roa    | nd  | 500 Sycamore Road  |                        |  |  |  |  |  |
| Suite 120            |   | Suite 120  | - 2                    |  |  |  |  |  |
| Montoursville, PA 1  | 17754 USA   | Montoursville, PA 17754 USA  | 202 C                  |  |  |  |  |  |
| 9. If limited partne | ership is a limited liability limited part                                      | tnership, check box. 🗆   | DEC -                  |  |  |  |  |  |
| 10. Name, principa   | office address, and mailing address   | of each general partner:   |                        |  |  |  |  |  |
| Name of Genera       | i Partner:DANKO HOLDINGS INC  |  | <b>全</b>               |  |  |  |  |  |
| Street Address: 15   | 1500 Sycamore Road, Ste 120   |  | 53. 5                  |  |  |  |  |  |
|                      | Montoursville, PA 17754   |  | <del> </del>           |  |  |  |  |  |
| Mailing Address:     | 1500 Sycamore Road, Ste 120   | Mailing Address:   |                        |  |  |  |  |  |
|                      | Montoursville, PA 17754   |  |                        |  |  |  |  |  |
| Name of General      | l Partner:  | Name of General Partner:   |                        |  |  |  |  |  |
| Street Address:      |   | Street Address:  |                        |  |  |  |  |  |
| Mailing Address      | :   | Mailing Address:   |                        |  |  |  |  |  |

### Page 1 of 2

| 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 mor Florida Department of State, by the Secretary of State or other officithe law of which it is organized.   | ial having custody of the entity's records in the jurisdiction under |  |  |  |  |  |  |
| Signed this 29th day of October  | (20) 2020  |  |  |  |  |  |  |
| Signature of agricul 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

Page 2 of 2

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/27/2020

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

I DO HEREBY CERTIFY THAT,

#### DANKO HOLDINGS, 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.

THE COLUMN TO THE CONTROL OF THE CON

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

Secretary of the Commonwealth

Certification Number: TSC201027100558-1

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