Fladdod 001254

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
D16 of	5706	





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03/02/16--01020--007 **78.75

FILED
2018 HAR 15 P IZ: 11

HAR'1 6 2016 BRUCK Division of Corporations

March 3, 2016

KRISTINA RENDE 433 PLAZA REAL, SUITE 355 BOCA RATON, FL 33432

SUBJECT: P&E KEENOY SUB S CORP., INC.

Ref. Number: W16000015706

We have received your document for P&E KEENOY SUB S CORP., INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Deborah Bruce Regulatory Specialist II Letter Number: 016A000001ARY 0F ST LAHASSEE, FLC

FILED

COVER LETTER

	stration Section					
SUBJECT:	P & E SUB S					
SUBJECT.		Name of o	corporation -	must include suffix		
Dear Sir or M	ladam:					
"Certificate o	of Existence," o		Good Stand	Authorization to Transa ling" and check are sub s in Florida.		,,
Please return KRISTINA RI	-	ence concerning	this matter	to the following:		
			Name of P	erson	 -	
IMPALA PAR	RTNERS, LLC					
			Firm/Comp	oany		
433 PLAZA R	REAL, SUITE 35	55				
			Addres	SS		
BOCA RATO	N, FLORIDA 3	33432			2018 SEC	
KRENDE@IN	MPALALLC.CC		City/State an	d Zip code	HAR I	
	E	E-mail address: (to be used fo	or future annual report	notification) on	
For further in	formation con	cerning this mat	ter, please ca	all:	P 12: F STAT	D
KRISTINA R	ENDE	at	561	756-8320	2m =	
Nam	ne of Person	""	Area Code	Daytime Telep	hone Number	
Regis Divis Clifto 2661	EET/COURII stration Section sion of Corpora on Building Executive Cer thassee, FL 32	ntions nter Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a	check for the	following amour	nt:			
□ \$70.00 Fi	ling Fee	\$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fe Certificate of St Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.		SUB S CORP., INC.				
		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORAT	ION,"		
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transa	cting business in Florida)		
2.	DELAWARE	3.	46-1666084			
<i></i> 4.	(State or country under the law of which it is incorporated) DECEMBER 26, 2012		(FEI number, if applicable)			
6.	(Date	of incorporation)		(Date of duration, if other than perpetual)		
7.	2494 S. OCEAN	(SEE SECTIONS 607.1501 & 607.15 BLVD., A7, BOCA RATON, FLORIDA 334 (Princi)	• •			
		(Current maili	ng address, if different)	2016 TALE		
8.	Name and stree	et address of Florida registered agent: (P.0 PETER C. KEENOY	O. Box <u>NOT</u> acceptable)	22 gr		
О	ffice Address:	2494 S. OCEAN BLVD, A7				
		BOCA RATON	, Florida	D IZ: 11		
		(City)	(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:		•
A. DIRECTORS		
Chairman:		
Address:	<u> </u>	
	•··	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:	1.000.000.00	
B. OFFICERS	·	
PETER C. KEENOY		
President:2494 S. OCEAN BLVD., A7	•••	
Address: BOCA RATON, FLORIDA 33432		
	HA	
Vice President:	m_< 0	m
Address:		
Secretary:	A . 1 •	
Address:		
Treasurer:	W #1	
Address:		
NOTE: If necessary, you may attach an addendum to the application list		
12. J. Chry		
Signature of Director or Office. The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a da a third degree felony as provided for in s.817.155, F.S. PETER C. KEENOY, PRESIDENT	er r 11 above) affirms that the facts	stated herein

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "P&E KEENOY SUB S CORP., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 2016.

5266169 8300 SR# 20161550241 Authentication: 201962832

Date: 03-10-16