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,
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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY DE STATE

2-13-19



January 31, 2019

PAM VOLK 1425 FORBES AVE STE 400 PITTSBURGH, PA 15219 US

SUBJECT: LAMI GRUBB MANAGEMENT SERVICES, INC.

Ref. Number: W19000010168

We have received your document for LAMI GRUBB MANAGEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 419A00002295

# FILE FIRST BEFORE ENCLOSED APPLICATION COVERLETTER FOR FOREIGN LIMITED PARTNERSHIP

TO:	Registration Section		/ AKT	NEKSHIP	
	Division of Corporations				
	Lami Grubb Management S	ervices Inc			
SHRI	UP COTT				
O D	Name	of corporation	ı - must include suffix		
Dear S	Sir or Madam:				
"Сеги	nclosed "Application by Foreign C ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Star	iding" and check are st		
Please Pam V	return all correspondence concer olk	ning this matte	r to the following:		
		Name of	Person		
LGA E	Partners LP	Transc of	Civon		
		Firm/Con			
1425 F	Forbes Ave., Suite 400	FIIII/CON	рану		
751. 1	1 0 15010	Addr	ess		
Piltsbu	irgh, PA 15219				
		City/State a	nd Zip code		
pvolk@	@lga-partners.com				
	E-mail addre	ss: (to be used	for future annual report	notification)	
For fu	rther information concerning this	matter, please (	call:		
Pam Volk 412		<b>J</b> 12	224-6545		
		_ at (			
	Name of Person	Area Cod	e Daytime Tele	phone Number	
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee,	Tallahassee, FL 32314	
Enclos	sed is a check for the following an	nount:			
<b>S</b> \$70	0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## FILED

### 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. Lami Grubb Management Services, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Pennsylvania 03-0497573 (State or country under the law of which it is incorporated) (FEI number, if applicable) 1/1/2003 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 1425 Forbes Ave., Suite 400, Pittsburgh, PA 15219 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: Office Address: 1200 South Pine Island Road Plantation \_\_\_\_ , Florida 33324 (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

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 futies, and I am familiar with and accept the obligations of my position as registered agent.

Maria Ozaeta, Vice President
(Registered agent's signature)

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

• 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_\_\_ Address: \_\_\_\_ Vice Chairman: 'Address: Address: \_\_\_\_\_ Director: Address: \_\_\_\_ \_\_\_ **B. OFFICERS** Suzan M Lami President: 1425 Forbes Ave., Suite 400 Address: Pittsburgh, PA 15219 Jonathan B. Glance Vice President: 1425 Forbes Ave., Suite 400 Address: Pittsburgh, PA 15219 Paulette T. Burns ecretary: 1425 Forbes Ave., Suite 400, Pittsburgh, PA 15219 address: Robert W. Grubb reasurer: 1425 Forbes Ave., Suite 400, Pittsburgh, PA 15219 ddress: \_ OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer te officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein 2 true and that he or she is aware that false information submitted in a document to the Department of State constitutes hird degree felony as provided for in s.817.155, F.S. Paulette T. Burns

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

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/11/2019

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

I DO HEREBY CERTIFY THAT,

LAMI GRUBB MANAGEMENT SERVICES, 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

Acting Secretary of the Commonwealth

Certification Number: TSC190211120761-1

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