ZZ200002310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. FRANCLIN APR 24 2023

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

Lindner Facades. Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence." or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

	Bryan McWhe	erter	023 APR 10	هو »و _ا ترتياريه ا <u>ا</u>
	Name of Per	son		Ť
	Lindner Facad	es, Inc	E E	
	Firm/Compar	1 <u>Y</u>		
	185 Discove	ry Dr	·	
	Address			
	Colmar, PA 18	915		
	City/State and	Zip eode		
	b.mcwherter1729@			
E-nai	l address: (to be used for	future annual report n	otification)	_
for further information concernit	ng this matter, please call:			
Bryan McWherter	at (267)	245-2858		
Name of Person	Area Code	Daytime Telepł	ione Number	

STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

- □ \$70.00 Filing Fee
- ☑ \$78.75 Filing Fee & Certificate of Status

□ \$78,75 Filing Fee & Certified Copy S87.50 Filing Fee. Certificate of Status & 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.		Lindner Fa	aca	les, Inc				
- ,	N	prporation; must include "INCORPORAT prp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "COR	(PORATION,"			-
		Lindner-G	iro	p, Inc				
	(If name unavailat	ble in Florida, enter alternate corporate na	me	dopted for the purpose	of transacting bus	siness in F	'lorida)	-
2.	PA 3.		30-0888695					
	(State or country	te or country under the law of which it is incorporated)		(FEI n	(FEI number, if applicable)			
4.	06/09/2016		5.	N/A				_
	(Date of incorporation)			(Date of duration, if other than perpetual)				
6.		N/A						_
7.		(Date first transacted busine (SEE SECTIONS 607.1501 & 60	7.1			1 [.]	2023	
<i>.</i> .				ce <u>street</u> address)			APR	11
		185 Discovery Di	r. C	olmar, PA 18915			10	
		(Current m	aili	g address, if different)			AH	
8.	Name and street	t address of Florida registered agent: ((P.C	. Box <u>NOT</u> acceptab	le)	ES FL	8:01	
	Name:	Registered Agent Solutions,	Inc			L.	-	
0	ffice Address:	155 Office Plaza Dr. Suite A						
		Tallahassee		, Florida3230)1			
		(City)		(Zip c	:ode)			

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.

Jackyn Winget

Jaclyn Wright, Asst. Secretary

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

□Chairman	Name: Jeppe Hundevade	DChairman	Name: Bryan	McWherter
□Vice Chairman	Address: 185 Discovery Dr	Uvice Chairman	Address: 185	Discovery Dr
Director	Colmar, PA 18915	☑Director	Colmar, PA	18915
President		President		
□Vice President		□Vice President		
Secretary	□'Treasurer	Secretary		
00ther	Other	□Other		Other
Chairman	Name: Mario Luettecke	Chairman	Name:	
□Vice Chairman	Address: 185 Discovery Dr	∃Vice Chairman	Address:	
Director	Colmar, PA 18915	Director		
President		OPresident		
□Vice President		□Vice President		
Secretary	□ Treasurer	□Secretary		[]] Treasurer
12 Other Manag	er Other	□Other		Dother
		_		123 APR
□Chairman	Nыme:	□Chairman	Name:	5 0
⊟Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
President		□President		
□Vice President		□Vice President		
	Treasurer	Secretary		Treasurer
⊡Other	[]Other	DOther		⊡Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when tiling your Florida Department of State Annual Report form.

12. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

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

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:	Lindner Facades, Inc.	
Request Type:	Certificate of Registration	lssua
Request No.: Receipt No.:	008093427 334898	File I
Filing Type: Initial Filing Date:	Foreign Business Corporation June 09, 2016	
Status:	Active	

 Issuance Date:
 January 17. 2023

 File No:
 0006416461

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Lindner Facades, Inc.

is a foreign association duly registered to do business in this Commonwealth as of the suance date herein.

LDO FURTHER CERTIFY THAT this Certificate of Registration 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 my office to be affixed, the day and year above written.

99 00 00

flas Seland

Albert Schmidt Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov