# F23000004181

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>2</del> #)
PICK-UP	WAIT	MAIL
(7.	-i F-We No	
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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2023 JUL -6 PH 4: 0



## **COVER LETTER**

	stration Sectionsion of Corpora			
SUBJECT:	Derry Manage	ment, Inc.		
		Name of corporatio	n - must include suffix	
Dear Sir or N	Aadam:			
"Certificate of	of Existence," of	by Foreign Corporation for or "Certificate of Good Sta orporation to transact busin	nding" and check are su	act Business in Florida," abmitted to register the
Please return	all correspond	ence concerning this matte	er to the following:	
Ann Wiewall				
		Name of	Person	
Derry Manage	ement, Inc.			
		Firm/Co	npany	
5300 Derry S	reet			
	<u> </u>	Add	ress	
Harrisburg, P.	A 17111			
		City/State	and Zip code	
ann.wiewall@	)rwewarrranty.co			
	ŀ	-mail address: (to be used	for future annual report	t notification)
For further in	iformation con	cerning this matter, please	call:	
Ann Wiewall		at ( <sup>717</sup>	de Daytime Tele	
Nan	ne of Person	Area Co	de Daytime Tele	phone Number
Regi Divi The 2415	EET/COURII stration Section sion of Corpora Centre of Talla N. Monroe St thassee, FL 32	ations hassee reet, Suite 810	Registration	Corporations 27
	heck payable to:	following amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	T OF STATE  \$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.

Derry Managem	ent, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transaction	ng business in Florida)
Pennsylvania	3.	01-0824945	
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
12/29/2004	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
·	(Date first transacted business in I	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabil	lity)
7300 Derry St, H	arrisburg, PA 17111		
•	(Principal office	street address)	
	(Current mailing	address, if different)	
			20 :
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	שלענו איני בייטע. איני איני איני איני איני איני איני איני
<b>.</b>	C T Corporation System		23 JUL -6
Name:		<u> </u>	± 5
Office Address:	1200 South Pine Island Road	<u></u>	<b>79</b>
	Plantation	. Florida <sup>33324</sup>	
	(City)	(Zip code)	. 60

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.

Stephanie Hencz, Assistant 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.

A. DIRECTORS			
Chairman	Name: George Aldus Parmer	□Chairman	Name: George Adam Parmer
□Vice Chairman	Address:	□Vice Chairman	Address: 5300 Derry St
□Director	Harrisburg, PA 17111	■Director	Harrisburg, PA 17111
President		□President	
□Vice President		■Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	Other	Other
□Director □President	Name: Richard B. Swartz  5300 Derry St  Address: Harrisburg, PA 17111	□Chairman □Vice Chairman □Director □President	Name: Keith Dolon  Name: 3146 Fulling Mill Rd  Address: Middletown, PA 17057
□Vice President			
☐Secretary Executive	☐Treasurer	Secretary	□Treasurer
Other	□Other	Other	Other
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President	Amber Graham  Name:
■ Vice President		□Vice President	
☐ Secretary	□Treasurer	■ Secretary	<b>Treasurer</b> ■ Treasurer
□Other	Other	Other	Other
The officer or dire she is aware that fas. 817.155, F.S.	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department (and who is listed in numberalse information submitted in a document to the Department (Typed or printed name and capacity of personal added to the department of the Dep	or Officer  r 11 above) affirms the ment of State constitution.	eport form.  That the facts stated herein are true and that he or true and the or true and that he or true and that he or true and the or true and true

### **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:

DERRY MANAGEMENT, INC.

Request Type:

Subsistence Certificate

Issuance Date: June 27, 2023

Request No.:

017738630

File No.:

0003272163

Receipt No.:

000579713

Filing Type:

**Domestic Business Corporation** 

Filing Subtype:

**Business** 

Initial Filing Date: December 29, 2004

Status:

Active

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

I DO HEREBY CERTIFY THAT

DERRY MANAGEMENT, INC.

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Mens Selmo

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