F23000005956

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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Office Use Only



600416924476

10/13/23--01021--008 **87.50

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Bernardon Design PC	•				
		must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of encountries above referenced foreign corporation	cate of Good Stand	ng" and check are subm			
Please return all correspondence conc	erning this matter to	o the following:			
Sydney Rosa-Rseberry					
	Name of Po	erson			
Bernardon Design		_			
	Firm/Comp	any.			
10 N. High Street, Suite 310					
	Addres	s			
West Chester, PA 19380					
	City/State and	I Zip code			
srosa-roseberry@core-states.com			· · · · · · · · · · · · · · · · · · ·		
E-mail add	fress: (to be used to	r future annual report no	tification)		
For further information concerning th	is matter, please ca	II:			
Sydney Rosa-Roseberry at (267 Area Code Daytime Telephone Number					
Name of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Con P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	A DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 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.

Bernardon Desig	·			_		_
(Enter name of co	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION	,		
N/A						
(If name unavaila	ible in Florida, enter alternate corporate nam	ne a	adopted for the purpose of transacting	g business ir	ı Florida	1)
2 Pennsylvania		3.	46-1175586			
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)			_
4. 03/15/2022		5.	Perpetual			
(Date of incorporation)		•	(Date of duration, if other than perpetual)			
. N/A						
7 10 N. High Street			n Florida, if prior to registration) i02, F.S., to determine penalty liabilit	y)		
·	(Principal o	flic	ce <u>street</u> address)			_
Same						
	(Current mai	lin	g address, if different)			_
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P CT Corporation System	P.O). Box <u>NOT</u> acceptable)	_	2023 OC	
Office Address:	1200 South Pine Island Road			 - '	1 3	
	Plantation		. Florida 33324		퍞	;
	(City)		(Zip code)			40-1

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.

Nichol McCroy/Assistant Secretary
(Registered accur'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.

DocuSign Envelope ID. 68C20C8E-7190-4BA0-ADD2-264C07731F67

□ Chairman	Name:Michael S. McCloskey	□Chairman	Name: Neil B. Liebman
□Vice Chairman	Address: 1315 Walnut Street	□Vice Chairman	Address
□Director	Suite 600	□Director	Suite 310
■President	Philadelphia, PA 19107	□President	West Chester, PA 19380
		□Vice President	
□ Secretary	□Treasurer	■ Secretary	□Treasurer
□Other		Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
		□Other	□Other

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.

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:

Bernardon Design PC

Request Type:

Subsistence Certificate

Issuance Date: September 25, 2023

Request No.:

022654123

File No.:

0007484670

Receipt No.:

000701511

Filing Type:

Domestic Business Corporation

Filing Subtype:

Professional

Initial Filing Date: March 15, 2022

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Bernardon Design PC

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

Secretary of the Commonwealth

Men Suhn