

F230000005982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

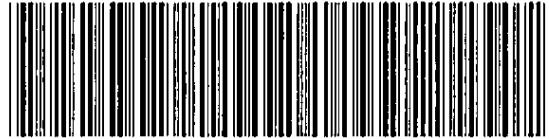
(Document Number)

Certified Copies _____ Certificates of Status _____

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W23000127214

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2023 OCT 16 PM 3:24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2023

BRETT ROBINSON
1434 TRIM TREE RD
INDIANA, PA 15701 US

SUBJECT: HIGHWAY SAFETY SERVICES, LIMITED LIABILITY COMPANY
Ref. Number: W23000127214

We have received your document for HIGHWAY SAFETY SERVICES, LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 623A00021552

RECEIVED
OCT 16 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Highway Safety Services, Limited Liability Company

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brett Robinson

Name of Person

Highway Safety Services, Limited Liability Company

Firm/Company

1434 Trim Tree Rd

Address

Indiana, PA 15701

City/State and Zip Code

lesrobinson@highwaysafetyservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Robinson

724

3497233

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Highway Safety Services, Limited Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35 225 6409
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1434 Trim Tree Rd
(Street Address of Principal Office)

6. 1434 Trim Tree Rd
(Mailing Address)

Indian, PA 15701
Indiana, PA 15701

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Newland

Office Address: 4610 Sparrowhawk Ct

Tallahassee 32309
(City) Florida (Zip code)

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Registered agent's acceptance:

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

John Newland
(Registered agent's signature)

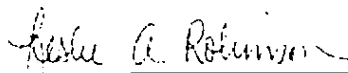
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Brett Robinson	<input checked="" type="checkbox"/> Manager	Name: Leslie Robinson
<input type="checkbox"/> Member	Address: 1434 Trim Tree Rd	<input type="checkbox"/> Member	Address: 1434 Trim Tree Rd
<input type="checkbox"/> Authorized	Indiana, PA 15701	<input type="checkbox"/> Authorized	Indiana, PA 15701
Person		Person	
<input checked="" type="checkbox"/> Other ^{President}	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Christie Falgione	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1434 Trim Tree Rd	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Indiana, PA 15701	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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 filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Leslie Robinson

Typed or printed name of signer

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: HIGHWAY SAFETY SERVICES, LIMITED LIABILITY COMPANY
Request Type: Subsistence Certificate **Issuance Date:** October 10, 2023
Request No.: 023397936 **File No.:** 0003314591
Receipt No.: 000720319
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: June 16, 2005
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

HIGHWAY SAFETY SERVICES, LIMITED LIABILITY COMPANY

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