# MII 000005536

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

Special Instructions to Filing Officer:

A. LUNT

NOV -3 2011

**EXAMINER** 

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#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJE	RayBern Enterprises, LLC		
20202	Name of Limited Liability Company	_	
Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business ince, and check are submitted to register the above referenced foreign limited liability company to transection all correspondence concerning this matter to the following:		
ricasc	return an correspondence concerning this matter to the following:		
	Lewis M. Oliver III		
	Name of Person		
	Quinones & Oliver, P.L.		
	Firm/Company	<del></del>	
	11513 lake Underhill Rd, Suite A	20 TAI	
	Address		······································
	Orlando, FL 32825	ZHI NOV - SE ERETAR ALLAHASS	F L E
	City/State and Zip Code		1
	oliver@gaolaw.com	SI SI	Ö
	E-mail address: (to be used for future annual report notification)	* <b>96</b>	•
For furt	her information concerning this matter, please call:	<b>.</b>	
	Lewis M. Oliver III at (407 ) 249-5050		
	Name of Person Area Code & Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
	ed is a check for the following amount:  \$125.00 Filing Fee & \$130.00 Filing Fee & Certified Copy  \$160.00 Filing Fee,  Certificate of Status		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIVITED EABILITY CONTAINS TO TRAINSACT BOSINESS IN THE	STATE OF FLORIDA.
1. RayBern Enterprises, LLC	
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos	se of transacting business in Florida and attach a copy of the writte
consent of the managers or managing members adopting the alter	
Company," "L.L.C," "LLC.")	
- Pannaylyania	4E 2000000
2. Pennsylvania  (Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	(1 b) number, if approacte)
4. August 8, 2011	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to
(Date of Organization)	exist or "perpetual")
6. n/a	
6. Date first transacted business in Flo	orida if prior to registration
(See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7 302 Bolton Lane	
7. OGE BOROT EARL	
Downington, PA 19335	<u>سَتُس</u> ا <u>A</u> يَكِ
	of Principal Office)
,	
8. If limited liability company is a manager-managed	company check here
9. The name and usual business addresses of the mana	aging members or managers are as follows: 🗪
John & Maryellen O'Donnell - 302 Bolton Ln	L, Downington, PA 19335
James J. & Theresa M. O'Donnell - 1481	Heather Pidge Dr. Newton PA 18940
James J. & Theresa W. O Domien - 140	Theather Ridge Dr., Newton, FA 10940
Denise O'Donnell - 25 Hedge Rd., Lev	vittown PA 19056
10. Attached is an original certificate of existence, no more than 90 c	lays old, duly authenticated by the official having custody of records it
the jurisdiction under the law of which it is organized. (A photocopy	y is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be subn	nitted.)
11 N. a. Cl	
11. Nature of business or purposes to be conducted or	promoted in Florida:
^	
- I M.	///
de III ()	Jen
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.408(3), F.S., the exect	ution of this document constitutes an affirmation under the
	e. I am aware that any false information submitted in a
	a third degree felony as provided for in s.817.155, F.S.)
Lewis M. Oliver III, Esq.	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  RayBern Enterprises, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	2011 NOV	
Quinones & Oliver, P.L.	SS -	<u> </u>
(Name)	PM 1: 96 Y OF STATE EE/FLORIDA	m
11513 Lake Underhill Rd., Suite A  Florida Street Address (P.O. Box NOT ACCEPTABLE)		Ö
Orlando <sub>FL</sub> 32825	1: 96 STATE ORIDA	
City/State/Zip		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered **ge**nt as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**OCTOBER 11, 2011** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### RayBern Enterprises, LLC

is duly organized as a Pennsylvania Limited Liability Company 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.

Secretary of the Commonwealth

Care aile

Certification Number: 9836554-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp