# M1200000708

(Re	equestor's Name)	)
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	)
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B. BOSTICK
FEB - 7 2012
EXAMINER

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: JMH3, LLC	•	
	nme of Limited Liability Company	
	ability Company for Authorization to Transact Business in Flori above referenced foreign limited liability company to transact b	
Please return all correspondence concerning this m	natter to the following:	
John M. Haschak		<u> </u>
	Name of Person	
JMH3, LLC		_
	Firm/Company	
948 Frankstown Road		<u> </u>
	Address	
Sidman, PA 15955		<del></del>
	City/State and Zip Code	
jhaschak@lhrklaw.co	om 55	
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, ple	ase call:	0
		manana nyaétang
John M. Haschak	at (814 ) 266-1799	
Name of Person	Area Code & Daytime Telephone Number	ar-
MAILING ADDRESS:	STREET ADDRESS:	10 pt
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
·	Tallahassee, FL 32301	
Enclosed is a check for the following amount	unt:	
\$125.00 Filing Fee \$130.00 Filing F	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certification	

## 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:

1. JMH3, LLC		
(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 and consent of the managers or managing members adopting the alternate name. The alternate name must inc Company," "L.L.C," "LLC.")  2. Pennsylvania  3.	clude "Limited Liab	
2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applic	able)	_
4. June 20, 2011 (Date of Organization)  5. perpetual (Duration: Year limited liability corexist or "perpetual")	npany will cease to	<del></del>
6. Has not conducted business prior to registration.	₹.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	2 FE	- Sandara
7. 948 Frankstown Road	L	11475a7
Sidman, PA 15955		1
(Street Address of Principal Office)	20 E	12-14-57
8. If limited liability company is a manager-managed company, check here	FINIE SIME 8 4 :SI	
9. The name and usual business addresses of the managing members or managers are a	<b>-</b> -	
John M. Haschak 948 Frankstown Road, Sidman, PA 15955		_
		<b>-</b> -
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under oath of the translator must be submitted.)	having custody of reforeign language, a	cords in
11. Nature of business or purposes to be conducted or promoted in Florida:		_
Own and lease residential real estate.		
//M Am/l		
Signature of a member or an authorized representative of a memb	per.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for in	submitted in a	
John M. Haschak		
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.

JMH3, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
NRAI Services, Inc.		
	(Name)	12 ALL
Ede Front Donly Array	nue	12 FEB
515 East Park Aver		
	Address (P.O. Box NOT ACCEPTABLE)	33.
	Address (P.O. Box NOT ACCEPTABLE)  FL 32301	-6 PHI2: SSECTELO

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 agent as provided for in Chapter 608, Florida Statutes.

NRAI SERVICES, INC. By JIBILA MIZZA), AGISTANT SECRETARY

\$ 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

**FEBRUARY 1, 2012** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### JMH3, 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. 12 FEB - 5 Fil 12: 46
SLUMIN SSLEV FLORIDA



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

Certification Number: 10072411-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp