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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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То	:
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Division of Corporations Pax Number : (850) 617-6383

From:

Account Name	:	C T CORPORATION SYSTEM
Account Number	;	FCA00000023
Phone	:	(850)222-1092
Fax Number	I.	(850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

 $\overline{\sim}$ Foreign Limited Liability Company 6-100 Stampede Industries, LLC ORI RECEIVED Certificate of Status Û Certified Copy 0 AN 8:42 ĥ 05 Page Count 00.7 Estimated Charge \$125.00 \sim B. BOSTICK Corporate Filing Menu Electronic Filing Menu Help OCT 1 0 2012 EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

10/9/2012

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: _____ Stampede Industries, LLC

Name of corporation - must include suffix

Dear Sir or Madam:

- · ·

.....

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bethany Cypher					
		Name of Person			
Stampede Industries, LL	C				
	F	irm/Company			
1019 Routs 519, Buildin	g 5				
		Address			
Bighty Four, PA 15330					
······································	Cit	y/State and Zip code	— <u></u>		
bethany.cypher@84humb	er.biz			<u>.</u>	
	E-mail address: (to	be used for future annual report	t notification)	TT N	
For further information	concerning this motion	niesse coli:			Ę
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Name of Perso	at (Area Code & Daytime Telep	hone Number		
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	RIER ADDRESS:	MAILING	ADDRESS:	0/2 2	
New Filing Sec		New Filing 8	lection		
Division of Cor Clifton Building		Division of C			
2661 Executive		P.O. Box 632 Tallahassee, J			
Tallahassee, FL			40 34319		
Enclosed is a check for	the following amount:				
570.00 Filing Fee	\$78.75 Filing Fee Certificate of Stat		Certificate of Certified Copy	Status &	

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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 FOREICH LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stampede Industrics, 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 attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liebility Company," "L.L.C." "LLC.")

2. Pennsylvania	3, 27-5340011
(Jurisdiction under the law of which foreign limited liab company is organized)	
4. 03/01/2011 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification (Date first transacted business (See sections 608,501 & 608.50	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
7. 1019 Route 519, Bighty Four, PA 15330	T N
(Street Ad	dress of Principal Office)
8. If limited liability company is a manager-mana	
9. The name and usual business addresses of the	managing members or managers are as follows:
Joseph A. Hardy, III, 1019 Route 519, Eighty Four, PA	<u>15330</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

real estate management & investment

a

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.)

> Joseph A. Hardy, III Typed or printed name of signee

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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:

Stampede Industries, 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:



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.

C T Corporation System narganet E

MARGARET E. ROUTZAHN Special Assistant Secretary

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

OCTOBER 8, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Stampede Industries, 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, faxes, 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

Certification Number, 10607664-1 Verify this certificate online at http://www.corporations.state.ps.us/corp/scskb/verify.asp

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