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COVER LETTER

TO:

Registration Section **Division of Corporations**

Fairway Capital Group, LLC

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:

Gerard M. McTear				
Name of Person				
J. Brooks & Associates, Inc.				
Firm/Company				
17041 Alico Commerce Ct., Suite 1				
Address				
Fort Myers, FL 33967				
City/State and Zip Code				
jerry@jbrooksai.com				

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

For further information concerning this matter, please call:

John McTear

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
Fairway Capital Group, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
• •	00 004 4407
	26-0814427
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} May 1, 2001 _{5.}	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} February 4, 2013	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 17041 Alico Commerce Ct., Suite 1	ida, if prior to registration.) o determine penalty liability)
Fort Myers, FL 33967	22
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed c	ompany check here
o. If thinted hability company is a manager-managed c	ompany, encor here
9. The name and usual business addresses of the manage	ging members or managers are as follows:
Gerard M. McTear - 15067 Estuary 0	Circle, Bonita Springs, FL 34134
John J. McTear - 991 Maule Lane, V	Vest Chester PA 19382
John J. Micheal - 337 Madie Lane, V	vest offester, i A 10002
 Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy 	lays old, duly authenticated by the official having custody of records in
translation of the certificate under eath of the translator must be subm	·
A	Dranarty management
11. Nature of business or purposes to be conducted or p	promoted in Florida: 110 por 3 management
\\ \\	
Signature of a member or an auth	norized representative of a member.
(In accordance with section 60 (408(3), F.S., the execut	tion of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
John J. McTear	t thing degree telenty as provided for in s.o.t 7.100, 1.101,

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.

	Limited Liability Com pital Group, L	•	
If unavailable, the al	ternate to be used in th	ne state of Florida is:	
2. The name and the	Florida street address	of the registered agent and office are:	
Ge	erard M. McT	ear	
107 h 100 m	radioantitianistas atamatika tarapaga te unitama tina tibib etilah tibar eru 4 da bag	(Nanc)	
17	041 Alico Co	ommerce Ct., Suite 1	
adinarymanica	Florida Street Ad	ldress (P.O. Box NOT ACCEPTABLE)	•
Fo	rt Myers	_{FL} 33967	_
		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. Thereby 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.

(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

FEBRUARY 6, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Fairway Capital Group, 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

Certification Number: 10845681-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp