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(Requestor's Name)		
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status

Special Instructions to Filing Officer: CORRECTION TO MGRM PER CONVERSATION WITH JAE MCMANUS 4-17-2013 Ks

Office Use Only



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EXAMINER APR 1 6 2013

CR	2E0	27 (9/1	0)

COVER LETTER

Division of Corporations SUBJECT: PHAC1, LLC		
30B3EC1:	lame of Limited Liability Company	
	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida	
Please return all correspondence concerning this n	natter to the following:	
Nicholas J. Pa _l	panier, Sr.	
	Name of Person	
PHAC1, LLC		
	Firm/Company	
610 Ryan Avenue, Suite 5		
	Address	
Westville, NJ 0	8093	
	City/State and Zip Code	
JAE@PrimoHo	agies.com	
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Jae McManus	at 856 742-1999	
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 amo \$125.00 Filing Fee \$130.00 Filing Certificate of	ing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	

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 INT	THE STATE OF FLORIDA:
PHAC1, LLC	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must inc	nude "Limited Liamitty Company, E.L.C., or LEC.)
	pose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability
_{2.} Pennsylvania	_{3.} 90-0907178
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 11/06/2012	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} 04/15/2013	——————————————————————————————————————
(Date first transacted business in I (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
7. 610 Ryan Avenue, Suite 5	
Westville, NJ 08093	SEE, OF
(Street Addre	ss of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	nnaging members or managers are as follows:
610 Ryan Avenue, Suite 5	
Westville, NJ 08093	
NICHOLAS J. PAPANIER, S	R. (MGRM)
10. Attached is an original certificate of existence, no more than 9	90 days old, duly authenticated by the official having custody of records i copy is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted	or promoted in Florida:
Operate Retail Sandwigh Shop	·
mald m of	mes_
Signature of a member or an a	authorized representative of a member.
·	tecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a

Typed or printed name of signee

Ronald M. Warren

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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: PHAC1, LLC			
if unavailable, the alternate to be used in the	state of Plorida is:		
2. The name and the Plorida street address of	f the registered agent and office are:		
W. Bradley Munroe, E	Caquire (Name)		
239 East Virginia St Florida Street Addr	reet nos (P.O. Bax NOT ACCEPTABLE)		
Tallahassee	FL 32301 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 agent as provided for in Chapter 608, Florida Statutes.

(Gigneture)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.09 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

APRIL 10, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PHAC1, 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