Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000023722 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (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:

Foreign Limited Liability Company LT SHANER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

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

Corporate Filing Menu

J. 15thyers JAN 3 1 2013

COVER LETTER

TO:	Registration Section Division of Corporation	1		
SUBJ	ECT: LT Shaner, LLC			
		Name of Limit	ed Liability Company	
The en Existe	closed "Application by Por uce, and check are submitted	eign Limited Liability Com i to register the above refo	pany for Authorization to Tr enced foreign ilmited liabili	ansuot Business in Florida," Certificate y company to transact business in Florid
Please	return all correspondence c	oncerning this matter to the	following:	
	Nanoy Rush		_	
		N	ame of Person	
	LT Shaner, LLC			
		p	lan/Company	
	1965 Waddle Ro	ad		
			Addron	.
	State College, P.	A 16803	_	_
	<u> </u>	City/S	itate and Zip Code	
	nrush@shanorcoi	•		
	1	E-mail address; (to be use	d for luture annual report notific	cation)
For fu	ther information concerning	this matter, please call:		
	Namey Rush		at / 814 \ 278-72	:12
	N ₈₀₀₀ о	Contact Person	Area Codo De	lytime Telephone Number
	MAILING ADDRESS:		TADDRESS:	
			n of Cosporations stion Section	
	P.O. Box 6327		Building	
	Talinhassee, FL 32314	2661 B	xeoutive Center Circle	
Bnclo.	sed is a check for the fe	llowing amount:		
	2(\$125.00 Filing Fee	S130,00 Filing Fee & Certificate of Status	Cartified 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ingore norveilable, enter alternate neme ade; ability Complany, " "L.L.C." or "LI.C.")	pled for the purpose of impassing business in Florida. The alterna	betlenkt" obulgut kni m em an ék
Delaware	3.	
litisdiction under the law of which foreign company is organized)	limited liability 3. (FIII number, if ap	bijeggjo).
(Date fire	st transacted husiness in literida, if prior to registration.) is 603,0904 & 603,0905, P.B. to distribute pensity liability)	
(See section	s 603,0904 & 605.0905, R.B. là delethine penalty liability)	€
1965 Waddle Road		<u> </u>
Ciara Mallana DA 14907	-	
Siato Collogo, PA 16803	(Sireet; Address of Principal Office)	2.
1965 Waddle Road		Na Ta
		174 ₇
Stato College, PA 16803	(Mailing Address)	
The name, little or capacity and	address of the person(s) who has/have authority to	manage is/are: Gara
ving custody of records in the jur	of existence, no more than 90 days old, duly suit isolation under the law of which it is organized. (foreign language, a translation of the certificate un	A photocopy is not
June	Signature of an anthonized person	
nealdape with section 603.0201, F.S., the exce Mars that any Miss information subsidies to a d	o de collecte de la c	rjury that the flicts stated therein are to ovided for in a.\$17.135, F.S.)
Lance T. Shane	er .	

1. The name of the Limited Liability Company is:

េា

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605,0113 or 605,0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

LT Shaner, LLC			
If unavailable	s, the alternate to be used in the state o	f Florida ia:	
2. The name	and the Florida street address of the n	ngistered agent and office are:	_
•	C T Corporation System		
		mo)	
	1200 South Pine Island Road		1.1
Florida Street Address (P.O. Box NOT ACCEPTABLE)). Box NOT ACCEPTABLE)	
	Managaria.	49964	-,
	Plantation City	PL 33324 /Sinte/Zip	-
			.,*
liability comp registered age statutes relati	any at the place designated in this cert ant and agree to act in this capacity. I ng to the proper and complete perform	of service of process for the above stated limite ificate, I hereby accept the appointment as further agree to comply with the provisions of ance of my duties, and I am familiar with and gent as provided for in Chapter 605, Florida Sharon R. Kresz	a
	By: (Signature)	Assistant Secretary	

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LT SHANER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3130173 8300

140108520

You may verify this certificate online at corp. delaware. Gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

LUTHENTACATION: 1096493

DATE: 01-29-14