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COVER LETTER

TO:

Registration Section
Division of Corporations

FBS REALTY GROUP LLC

SUBJECT:

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:

MARSHA SIHA

Name of Person

INCFILE.COM LLC

Firm/Company

134 VINTAGE PARK BLVD A-50

Address

HOUSTON, TX 77070

City/State and Zip Code

MARSHA@INCFILE.COM

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

For further information concerning this matter, please call:

MARSHA SIHA

.281

235-7533

Name of Contact 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2014

MARSHA SIHA 134 VINTAGE PARK BLVD A-50 HOUSTON, TX 77070

SUBJECT: FBS REALTY GROUP LLC

Ref. Number: W14000004629

We have received your document for FBS REALTY GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 614A00001549

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:

1. FBS REALTY GROUP LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Ll	JC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must include	"Limited
2. PENNSYLVANIA 3	IAI	-
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4	AS	O'ESTABLE
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SEO SYO	
5. 196 WEST ASHLAND ST	_ C O	5 -
DOYLESTOWN, PA 18901	ATE ORIDA	
(Street Address of Principal Office) 6. 196 WEST ASHLAND ST		
DOYLESTOWN, PA 18901		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to mana	ige is/are:	
LANEY JOHNSON-MEMBER -196 WEST ASHLAND ST, DOYLESTOWN	, PA 189	3 01
AARON JOHNSON-MEMBER-196 WEST ASHLAND ST, DOYLESTOWN	, PA 189	901
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A photoacceptable. If the certificate is in a foreign language, a translation of the certificate under organist be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that	tocopy is and the state of the	not translator
am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for		

LANEY JOHNSON

Typed or printed name of signee

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.

	the Limited Liability ALTY GRO	• •			
If unavailable, 1	he alternate to be used	l in the state of Florida is:			
2. The name ar	nd the Florida street ad	ldress of the registered agent and office are:			
	LEGALINC C	CORPORATE SERVICES INC.	TAI	11	
		(Name)	TAH EORE	FEB	(<u>), or other ()</u>
2846 NW 79TH AVENUE			TAK) ASSI	3 7	er toes Person
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	E Q		
	DORAL	_{FL} 33122	STATE	io: 3	
		City/State/Zip	Ä		

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 605, Florida Statutes.

Marshe Dasch prosident

\$ 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 4, 2014**

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FBS REALTY 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

Care ariere

Certification Number: 11607449-1

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