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| PICK-UP | ☐ WAIT | MAIL | |
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| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: STAAR DISTRIBU | JTING, LLC |
| Name | of Limited Liability Company |
| | lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this mat | ter to the following: |
| TODD D. GORE | OON |
| | Name of Person |
| STAAR DISTRII | BUTING, LLC |
| | Firm/Company |
| 560 MYRTLE S | TREET |
| | Address |
| REYNOLDSVIL | LE, PA 15851 |
| | City/State and Zip Code |
| tdgordon@staar | |
| For further information concerning this matter, pleas | to be used for future annual report notification) |
| | <u>ي چې م</u> |
| Todd Gordon | at (814) 612-2077 🚆 😦 🔞 |
| Name of Contact Person | Area Code Daytime Telephone Number & & & & & & & & & & & & & & & & & & & |
| MAILING ADDRESS: | |
| Division of Corporations Registration Section | Division of Corporations Registration Section |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amoun | |
| \$125.00 Filing Fee \$130.00 Filing Certificate of | |

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:

| STAAR DISTRIBUTING, LLC |
|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" |
| Liability Company," "L.L.C," or "LLC.") |
| _{2.} PENNSYLVANIA 3. 27-1830989 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| _{4.} N/A |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 560 MYRTLE STREET |
| REYNOLDSVILLE, PA 15851 |
| (Street Address of Principal Office) |
| _{6.} 560 MYRTLE STREET |
| REYNOLDSVILLE, PA 15851 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is are: |
| Todd D. Gordon, Owner, 560 Myrtle Street, Reynoldsville, PA \$5857 |
| Ben Lovingood, Project Development Manager, 1810 Lakedge Drive, Middleburg, FL 32068 |
| Mark Hales, Field Operations Manager, 560 Myrtle Street, Reynoldsville, PA 15851 |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated 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) Signature of an authorized person |

Typed or printed name of signee

Todd D. Gordon

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.

| 1. | The name | of the | Limited | Liability | Company | is: |
|----|----------|--------|---------|-----------|---------|-----|
|----|----------|--------|---------|-----------|---------|-----|

STAAR DISTRIBUTING, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

| | City/State/Zip | | တ |
|--|----------------|-------------|-----------|
| MIDDLEBURG | 32068 FL | | ယ္ 📜 ယ |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | дд <u>-</u> | P M |
| 1810 LAKEDGE DRIVE | | | 5 1 |
| | (Name) | grant . | |
| BEN LOVINGOOD | | | 9 |

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.

(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

MAY 6, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STAAR Distributing IIc.

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.

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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

SECRETARY SECRETARY OF STATES OF STA

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written.

Secretary of the Commonwealth