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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Interstate Road Management LLC

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COVER LETTER

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TO: **Registration Section Division of Corporations**

6/17/2014 10:59:35 From: To: 8506176383

SUBJECT: Interstate Road Management 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

shaun.cwikla@dbiservices.com E-mail address: (to be used for luture annual report addition)

For further information concerning this matter, please call:

		at ()		_
Name of Contact Person		Area Code	Daytime Telephone Number	_
MAILING ADDRESS	STRE	TADDRESS:		
Division of Corporations	Divisio	n of Corporations		
Registration Section	Registr	ation Section		
P.O. Box 6327	Clifton	Building		
Tallahassee, FL 32314		xeculiys Center Circle		
-	Tallaha	ssee, FL 32301		
		,	•	,
Enclosed is a check for the following amou	nt:			
S125.00 Filing Fee D S130.00 Filing Certificate of		Certified Copy	& □ \$160.00 Filing Fee, 0 of Status & Certified	

71,037 - 02/06/2014 C T Plains Manager Onlin

6/17/2014 10:59:35 From: To: 8506176383

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:

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Paul D. DeAngelo Mr., 100 North Conahan Drive, Hazleton, PA 18201 Title: Manager

Neal A. DeAngelo, 100 North Conshan Drive, Hazieton, PA 18201 Title: Manager

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

(In accordance with section 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Paul D. DeAngelo

Typed or printed name of signee

FL057 - 02/06/2014 C T Filing Manager Online

6/17/2014 10:59:35 From: To: 8506176383

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. I. The name of the Limited Liability Company is: Interstate Road Management LLC If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) FI, 33324 Plantation 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 605, Florida Statutes.

C T Corporation System	KW8=Bold	Kristin Bolden
By:		<u>Assistant Secretary</u>
· .	(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

JUNE 9, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Interstate Road Management 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.

Const Diede

Secretary of the Commonwealth

Cartification Number: 11900121-1 Varify this cartificate online at http://www.gorporations.state.pa.us/corp/soskb/verify.asp