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(City/State/Zip/Phone #)

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2014 JUL -9 PM 12:40  
SECRETARY OF STATE  
ALLAHABAD, INDIA

JUL - 9 2014

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# ***Pleasantville Cabinets, LLC***

*All Wood Kitchen Cabinetry*

TEL: 352 636-0503 FAX: 352 429-8838

*July 7, 2014*

*Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314*

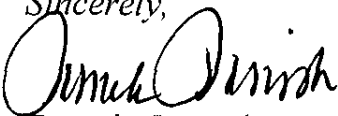
*To Whom it may concern,*

*Re: Pleasantville Cabinets, LLC  
Tax ID: 46-5055058*

*Please see the attached registration package for Pleasantville Cabinets, LLC to register as a Foreign LLC in the state of Florida. If you require any further information, please contact me at 352-636-0503.*

*Thanking you in advance for your assistance.*

*Sincerely,*



*Pamela Parrish  
Managing Member  
Pleasantville Cabinets, LLC*

2014 JUL -9 PM 12:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pleasantville Cabinets, 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:

Pamela Parrish

Name of Person

Pleasantville Cabinets, LLC

Firm/Company

460 Rob Roy Drive

Address

Clermont, FL 34711

City/State and Zip Code

pamparrish2003@yahoo.com

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

For further information concerning this matter, please call:

Pamela Parrish

Name of Contact Person

at ( 352 ) 636-0503

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Pleasantville Cabinets, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. 46-5055058  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07-15-14  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3843 Quaker Valley Road  
Alum Bank, PA 15521  
(Street Address of Principal Office)

6. 460 Rob Roy Drive  
Clermont, FL 34711  
(Mailing Address)

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

John R. Parrish, managing member, 460 Rob Roy Dr., Clermont FL 34711  
Pamela S. Parrish, Managing member, 460 Rob Roy Dr., Clermont FL 34711

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)

Pamela Parrish

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 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.)

Pamela S. Parrish

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.

1. The name of the Limited Liability Company is:

Pleasantville Cabinets, 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:

John R. Parrish

(Name)

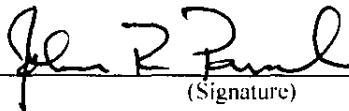
460 Rob Roy Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Clermont, FL 34711

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.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

2014 JUL -9 PM 12:40  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE**

**JULY 2, 2014**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**Pleasantville Cabinets, 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.**

*Carol Aichele*

**Secretary of the Commonwealth**