

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.

(((H14000166042 3)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

\*RE-SUBMIT\*

From:

ACCOUNT NAME : C T CORPORATION SYSTEMS POICIN OFIGING SING

Account Number : FCA000000023 Phone

: (850)222-1092 : (850)878-5368 date of submission -1/n

\*\*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 **LUSA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	486
Estimated Charge	\$1,193.75

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Corporate Filing Menu

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JUL 18 2014 J. HARRIS

#### COVER LETTER

COVER BELLER
TO: Registration Section Division of Corporations
SUBJECT: LUSA 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:
William A. Buck
Name of Person
Leech Tishman Fuscaldo & Lampi, LLC
Pirm/Company
525 William Penn Place, 28th Floor
Address
Dillahumah DA 15240
 Pittsburgh, PA 15219  City/State and Zip Code
whick@leachilehman 200
Whuck@leechtishman.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William A. Buck at ( 412 ) 261-1600
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section 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 amount:
置\$125.00 Filing Fee 日 \$130.00 Filing Fee & 日 \$155,00 Filing Fee & 日 \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

850-617-6381

7/14/2014 1:00:37 PM PAGE 1/001 Fax Server



July 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

\*RE-SUBMIT\*

SUBJECT: LUSA, LLC REF: W14000043048

Please remin original filling date of submission -/11

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,193.75.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II FAX Aud. #: B14000166042 Letter Number: 614A00015056

RECEIVED
14 JUL 17 PM 3: 29
STOREST CHESTORINA
TALLAHAGES FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETATIVE STATE
DIVISION OF CORPORATIONS

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Perceign Limited Liebility Company; wurst lackeds "Limited Hability Company," "LLC," or "LLC")  LUSA I   LUC  name unavailable, enter alternate name adopted for the purpose of transacting business in Fiorida. The alternate name must include "Limited hability Company," "LLC," or "LLC.")  Pennsylvania  3, 20-5598468  [Indidiction ander the law of which foreign limited liability (PEI number, if applicable)  Luly 15, 2008  [Deat Part Valenced business in Florida, if prior to registeraten.)  (See sections 605.0904 & 603.0903, F.3. to determine penalty liability)  920 Irwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Street Address of Frincipal Utilice)  920 Irwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Maiting Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  ###################################	LUSA, LLC	Pose on Umiled Linking	Company: must lackeds *1 in	ared Lebillo	Amazany "" [ C " of "] [ C	
name unsveitable, enter alternate name adopted for the purpose of wonsetting business in Florida. The alternate name must include "Limited biblity Company," "L.L.C." or "LLC.")  Pennsylvania  July 15, 2008  (Date first warristed business in Florida, if prior to registration.)  (See sections 603.0904 & 605.0903, F.S. to determine panelty liability)  920 Inwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Street Address of Frincipal Utilice)  920 Itwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  (Mailing Address)  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not exptable, if the certificate is in a foreign lunguage, a translation of the certificate under oath of the translator last be submitted)  Signature of an authorized person  Signature of an authorized person	•		Cmuhatil's mass masend stitt	HERE AMOUNTY C	Midway, menty or per	,
Company is organized   Duily 15, 2008   Dual first translated business in Florida, if prior to registration.	name unavailable, e	ntar elternate name adopted	d for the purpose of transactiv	ng business in F	orida. The alternate name m	ast include "Limited
(See sections 605.0904 & 605.0905, F.S. to determine panally liability)  920 Irwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Street Address of Principal Office)  920 Irwin Run Road  West Mifflin, Allegheny County, Pennsylvania 15122  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are;  (Mailing Address)  Attached is an original certificate of excistence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator last be submitted)  Signature of an authorized person  Signature of the foreign and provided for in a 117-155, F.S.)	Pennsylvan Judadiction under t company is organiz	ia so law of which foreign lim ed)	3,	(		
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West Mifflin, Allegheny County, Pennsylvania 15122  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Randy Beveridge, 920 Irwin Run Road, West Mifflin, Pennsylvania 15122  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not exptable. If the certificate is in a foreign lunguage, a trunslation of the certificate under oath of the translator as the submitted)  Signature of an authorized person  Signature of an authorized person  Signature of this document constitutes an affirmation under the parastics of perjury that the facts stated herein are true. I wave that my false information submitted to a document to the Depagament of State constitutes a third degree feloxy as provided for in s.117.155, F.S.)			920 Irwin Run R	load		
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## 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 u	he Limited Liability Company is:		
LUSA, LLC			
If unavailable, the	e 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;	14	DIVIS
	CT Corporation System	يا	NOISIAID Bross
-	(Name)		927
	1200 South Pine Island Road	<b>&gt;</b>	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
		ö	쓸도
	Plantation, FL 33324 (Broward Co.)	42	景
	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.

\$ 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 20, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **LUSA 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

Certification Number: 11933651-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp