, (Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corwin Properties 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:

Robert Louis Shuman				
Name of Person				
Reeder & Shuman				
Firm/Company				
256 High Street Post Office Box 842				
Address				
Morgantown, West Virginia 26507-0842				
City/State and Zip Code				
Corwinc142@comcast.net				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Robert Louis Shuman

.,304

292-8488

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

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:

If name unavailable, enter alternate name adopted liability Company," "L.L.C," or "LLC.")	for the purpose of transacting bu	iness in Florida. The altern	iate name mu	st include	: "Limite
. West Virginia	_{3.} 36-4	496298			
(Jurisdiction under the law of which foreign limi company is organized)	ted liability				
. N/A					
(Date first tra	insacted business in Florida, if pr 5.0904 & 605.0905, F.S. to deter	or to registration.) mine penalty liability)			
104 Maple Grove Aven	ue			2015	
Westover, West Virgini	a 26501		77 779 12 779	APR	***
Trootoror, Troot Tingini	(Street Address of Principal	Office)	<u> </u>	<u></u>	[
104 Maple Grove Aven	ue			 ס	
Westover, West Virgini	a 26501		LON NO.	#: (<u> </u>
	(Mailing Address)		35.00	2	
7. The name, title or capacity and add	ress of the person(s) who	has/have authority	to manage	is/are:	
Donald E. Corwin Sr M	anager				
104 Maple Grove Avenue)				
Westover, West Virginia	26501				
Attached is an original certificate of aving custody of records in the jurisdicceptable. If the certificate is in a fore	iction under the law of w	hich it is organized.	(A photoc	opy is t	not

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.)

Donald E. Corwin Sr. - Manager

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:
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Corwin Properties 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:

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

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)**



I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

CORWIN PROPERTIES LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on October 2, 2001. The application was received and found to conform to law.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE



Given under my hand and the Great Seal of the State of West Virginia on this day of April 2, 2015

Secretary of State