## M15000005892

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500275042945

07/24/15--01017--013 \*\*125.00

2015 JUL 24 AM IO 24

JUL 2 8 2015 Y SULKER **COVER LETTER** 

TO:	Registration Section Division of Corporation	<b>15</b>		At A
subje	ct: <u>Mílano</u>	Home Im	COVEMENT L Limited Liability Company	<u> </u>
The enc Existence	losed "Application by Force, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please r	eturn all correspondence c	oncerning this matter to the	following:	
	Anton	nio Milan	O Tame of Person	
	Mila	no Home I	MPNOVEMEN irm/Gompany	nt
	1914	N.E. 204h	Street	
	CAPE	City/S	Orida 33 State and Zip Code	909
	INTM	E-mail address: (to be use	OM d for future annual report no	tification)
For furt	her information concerning	g this matter, please call:		
	Tina Mila	no Concetta	at (6/0) Rea Code Day	06-5010 vtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301
Enclose	d is a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsirem\$ \$\\$130.00 \text{ 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:
MIANO Home Improvement LLC (Name of Foreign Limited Liability Company) must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.")
Available
(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 "L.L.C.")
2. Pennsylvania 3. 26-2503642 (FEI number, if applicable)
company is organized)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
1914 N.E. 20 M. STREET  (Street Address of Principal Office)  6. CAPE CORAL FL 33909
6. CAPE CORAL FL 33909
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: HNTONIO MILANO
Office Address: 1914 N.E. 20 Vh STi
CAPE CORAL, Florida F2 33909 (City) (Zip code)
Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.
a tom the
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  And Onio Milano PRESIDENT 1914 NE 20 W ST, CAPECORAG
Antonio Milano - PRESIDENT 1914 NE 20 ST. CAPECORA
MARIO Milano - VICE PRESIDENT 1914 N.E. 20MST. 33
CAPE CORAL FL 33909
9. Attached is a 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. (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
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JULY 21, 2015** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

## MILANO HOME IMPROVEMENT 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

Pedus a. Contés