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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 18 2015  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

TRACY MAYOWSKI  
22 PENNSYLVANIA AVE  
MCKEES ROCKS, PA 15136

SUBJECT: PHUNKEEMONKEE LLC  
Ref. Number: W15000050737

We have received your document for PHUNKEEMONKEE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00015765

**TO: Registration Section  
Division of Corporations**

Phunkee Monkee LLC

**SUBJECT:** \_\_\_\_\_  
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:

Tracy Mayowski

\_\_\_\_\_  
Name of Person

Phunkee Monkee LLC

\_\_\_\_\_  
Firm/Company

22 Pennsylvania Avenue

\_\_\_\_\_  
Address

McKees Rocks, Pennsylvania 15136

\_\_\_\_\_  
City/State and Zip Code

tracy@phunkeemonkee.com

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

For further information concerning this matter, please call:

Tracy Mayowski

412

499 3866

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**

1. Phunkee Monkee 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3988638

(FEI number, if applicable)

4. N/A

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

5. 22 Pennsylvania Avenue

McKeesRocks, PA 15136

(Street Address of Principal Office)

6. 22 Pennsylvania Avenue

McKeesRocks, PA 15136

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hansa Dinanath

Office Address: 6602NW 1st Court

Pompano Beach

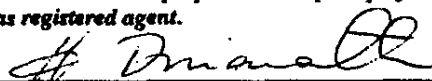
(City)

Florida 33063

(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.*



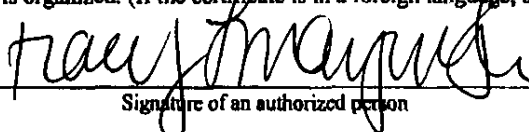
(Registered agent's signature)

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

TracyL Mayowski (Authorized Member)- 22 Pennsylvania Avenue, McKeesRocks, PA 15136

JohnA Claypole (Authorized Member)- 2614 Chestnut Ridge Drive, Pittsburgh PA 15205

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.

TracyL Mayowski

Typed or printed name of signer

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AUG 17 AM 7:22  
DEPARTMENT OF STATE  
TREASURY DIVISION  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

JUNE 30, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**PHUNKEE MONKEE, 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.

FILED  
15 AUG 17 AM 7:22  
SECRETARY OF STATE  
HALLMARKS F.L. FLORIDA



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.

*Pedro A. Contes*

Secretary of the Commonwealth