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W15-56061

COVER LETTER

	ration Section in of Corporation	as					
SUBJECT: TI	HE FOREST APA	RTMENTS, LLC					
Sobster		Name of I	Limited Liability (Company			
The enclosed "A Existence, and c	application by For heck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," (company to transact busine	Certificate of ess in Florida	
Please return all	correspondence o	oncerning this matter to the	following:				
	Barry W DeGro	oot					
		Na	me of Person				
	Attorney at Lav	v					
	-	Fi	rm/Company				
	701 W. Broad Street, Suite 200						
			Address		-		
	Bethlehem, PA	18018					
		City/St	ate and Zip Code				
	barry@dlprealty.	com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further infor	mation concerning	g this matter, please call:					
Barry	W. DeGroot		215 at (589-501			
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2015

BARRY W DEGROOT 701 W BROAD STREET, SUITE 200 BETHLEHEM, PA 18018

SUBJECT: THE FOREST APARTMENTS, LLC

Ref. Number: W15000056061

We have received your document for THE FOREST APARTMENTS, LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 315A00017767

Donald R. Wenner

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. The Forest Apartments							
(Name of For	eign Limited Liability Company; mu	st include "Limited Liab	ility Company," "L.L.C.," or '	'LLC.")			
THE FOREST APARTMENTS VILLAS, 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,			in Florida. The alternate name	e must include "Limited			
2. Pennsylvania 3. 47-4280558							
(Jurisdiction under the law company is organized)	of which foreign limited liability	•	(FEI number, if applicable)				
4	773-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
701 W.B. 154 4 G	(Date first transacted busine (See sections 605.0904 & 605	.0905, F.S. to determine	penalty liability)				
5. 701 W Broad Street, S	uite 200						
Bethlehem, PA 18018	(0:						
701 W Broad Street, Su	(Street Address of I	Principal Office)					
6. 701 W Broad Blicod, 60							
Bethlehem, PA 18018			<u> </u>				
	(Mailing A	Address)					
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accepta	ble)				
Name:	Don Wenner	······································		F.E. 5			
Office Address:	23246 Key Largo Loop	·		H. UG			
	Land O Lakes		, Florida 34639	20 T			
	(City)		(Zip code)	THE REAL PROPERTY.			
Registered agent's accept Having been named as rej	tance: gistered agent and to accept serv	lce of process for the	above stated corporation a	·			
this application, I hereby	accept the appointment as regist	ered agent and agree	to act in this capacity. I fu	uriNer agree to comply			
with the provisions of all s the obligations of my posit	statutes relative to the proper and tion as regi <u>st</u> ered agent.	a complete performat	ice of my auties, and i am	Jamiliar with and accept			
, , , , , , , , , , , , , , , , , , ,	A						
	(Registr	ered agent's signature)					
8 The name title or care	city and address of the person(s)	who has/have authorit	v to manage is/are.				
Donald R. Wenner, Manag	•		y to manage to are.				
	200 Bethlehem, PA 18018						
	,						
	of existence, no more than 90 day of which it is organized. (If the ce bmitted)						
	Signotum	of an authorized person					
	J	•					
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitution	203 (1) (b), Florida St tes a third degree felor	atutes. I am aware that any i ny as provided for in s.817.1	alse information 55, P.S.			

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 31, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE FOREST APARTMENTS, 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

Redus a. Contés

Certification Number: 12830006-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp