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(Requestor's Name) (Address) (Address)	8002764331
(City/State/Zip/Phone #) PICK-UP WAIT MAIL WG- 60294 (Business Entity Name)	08/31/1501038
(Document Number) Certified Copies Certificates of Status	W SALLAH.
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COVER LETTER

TO:	Registration Section Division of Corporation	ns	4	`.		
SUBJI	Day Job Property M	lanagement LLC				
		Name of	Limited Liability C	ompany		
					insact Business in Florida," Certi y company to transact business it	
Please	return all correspondence	concerning this matter to the	following:			
	Jeffrey P Bonad	cci				
		N	lame of Person			
	C/O Hess Wind	lows & Doors				
Firm/Company						
	4096 W Tilghn	nan Street				
Address						
	Allentown PA	18104				
		City/S	State and Zip Code			
	deerjeff@ptd.net					
		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther information concerning	g this matter, please call:				
	Jeffrey P Bonacci		484 at (553-098	87	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding acutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

JEFFREY P. BONACCI C/O HESS WINDOWS & DOORS 4096 WEST TILGHMAN STREET ALLENTOWN, PA 18104

SUBJECT: DAY JOB PROPERTY MANAGEMENT LLC

Ref. Number: W15000060294

We have received your document for DAY JOB PROPERTY MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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).

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Letter Number: 215A00019324

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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: roperty Management LLC

Teffee P Bon
(Name of Foreign Limited Liability Company; must include Vicinited Liability Day Job Property Management 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.") 3. 16-1733964 Pennsylvania (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/19/2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 56 Mauch Chunk Street Tomagus PA 18252 (Street Address of Principal Office) 4096 Tilghman Street Allentown PA 18104 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Key West Vacation Rentals/Richard Haskin Name: 3685 Seaside Drive Office Address: Florida 33040 Key West (City) 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: Jeffrey P Bonacci 4096 W Tilghman Streeet Allentown PA 18104 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 Stafe constitutes a third degree felony as provided for in s.817.155, F.S. Jeffrey P Bonacci

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 09/21/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DAY JOB PROPERTY MANAGEMENT, LLC

is duly registered 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.

28 M 8: 56
1ASSEE, FLORID



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: TSC150921140995-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx