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J. HARRIS

COVER LETTER

··O:	Registration Section Division of Corporations				
§ UBJI	Vandy, LLC ECT:				
	Name of Liu	mited Liability Company			
] he en	nclosed "Application by Foreign Limited Liability Comparence, and check are submitted to register the above reference	ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida			
F lease	return all correspondence concerning this matter to the fo	llowing:			
	William G. Winkler, Jr. CPA				
	Nan	ne of Person			
	Winkler Financial Services, Inc.				
	Firm/Company				
	602 Corporate Drive West				
		Address			
	Langhorne, PA 19047				
	City/Sta	te and Zip Code			
	wfsi@comcast.net				
	E-mail address: (to be used	for future annual report notification)			
For fu	orther information concerning this matter, please call:				
	William G. Winkler, Jr. CPA	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			
Enclo	sed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

	of Limited Liability Company)
• • •	organized and existing under the laws of
Pennsylvania	·
(State or Country of Organization	ation)
Because the name of this foreign	limited liability company does not satisf
3	,,
requirements of the s. 605.0112, l	F.S., the limited liability company hereb
following name to transact busine	ess in the state of Florida:
Vandy Investments,	LLC
	ny in Florida. NOTE: Name must contain Limited L

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 ale	ternate name adopted for the purpose	of transacting business	in Florida. The alternate nan	ne must i	nclude '	Limited
Liability Company," "L.L.C," Pennsylvania	or "U.C.")	3. 26-3274223				
(Jurisdiction under the law	of which foreign limited liability	3.	(FEI number, if applicable)			
company is organized) 1. 01/23/16						
ł	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to	registration.)	-		
598 Sterthaus Drive	(See Sections 003.0904 & 003.	0905, r.s. to determine	ренану наониу)			
Ormond Beach, FL 321	174			_		
	(Street Address of I	rincipal Office)		_		
5. 602 Corporate Drive W	est			_		
Langhorne, PA 19047				<u> </u>	52	
	(Mailing A	Address)			<u> </u>	Elistra, om F € E by
. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accepts	ible)		The part	FERRINGS SA
Name:	Whitney Shoemaker		(S) (27	Į	
	598 Sterthaus Drive		-	nn e	**************************************	S S S S S S S S S S S S S S S S S S S
Office Address.	Ormond Beach	**************************************	Florida 32174		12:3	
	(City)		(Zip code)	- <u>-</u> 114.	£-	
			1 4 - 4 - 4 - 12 2 4 - 4 - 12 - 1			
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as legistated agent.	ment as registered ag	gent and agree to act in th	is capac	city. I f	urther a
Having been named as reglesignated in this application complywith the provision in the provision of the obligations of the control of the con	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as legistated agent. (Regist	ment as registered ag proper and complete ered agent's signature)	gent and agree to act in th performance of my duties	is capac	city. I f	urther ap
Having been named as reglesignated in this applicate ocomplywith the provision accept the obligations of name, title or capa	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as legistated agent. (Registative and address of the person(s)	ment as registered ag proper and complete ered agent's signature)	gent and agree to act in th performance of my duties	is capac	city. I f	urther a
Having been named as reglesignated in this application complywith the provision accept the obligations of n	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as legistated agent. (Registative and address of the person(s)	ment as registered ag proper and complete ered agent's signature)	gent and agree to act in th performance of my duties	is capac	city. I f	urther a
Having been named as reglesignated in this applicate of complywith the provision accept the obligations of name, title or capa Whitney Shoemaker, Man	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as legistated agent. (Registative and address of the person(s) naging Member	ment as registered ag proper and complete ered agent's signature)	gent and agree to act in th performance of my duties	is capac	city. I f	urther ag

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.

Whitney Shoemaker

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/29/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

VANDY, 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.



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: TSC151229161355-1

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