m16000001952

(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: WIL-12332						
Office Use Only						



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SECRETARY OF STATE
OF AHASSEF, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2016

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

SUBJECT: SV VENTURES, LLC Ref. Number: W16000012332

We have received your document for SV VENTURES, 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):

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.

The document number of the name conflict is L13000175536 SV VENTURE LLC.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Mason

COVER LETTER

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TO:		tion Section of Corporations	s					
SUBJE		VENTURES, LL	.c					
Name of Limited Liability Company								
			eign Limited Liability Compa I to register the above referen					
Please r	eturn all c	orrespondence co	oncerning this matter to the f	ollowing:				
		Barry W. DeGro	pot					
	Name of Person							
	DLP Realty							
Firm/Company								
	701 West Broad Street Suite 200							
Address								
	Bethlehem PA 18018							
City/State and Zip Code								
barry@dlprealty.com								
	E-mail address: (to be used for future annual report notification)							
For furt	her inform	nation concerning	this matter, please call:					
	Barry W	. DeGroot		215 at (589-510	2		
		Name of	Contact Person	Area Code	Dayt	ime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301			
Enclose		ck for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

SV VENTURES, LLC			
(Name of Forei	gn Limited Liability Company; must include	"Limited Liability Company," "L.L.C.	.," or "LLC.")
	S VENTURES, LLC		
Liability Company," "L.L.C,"	ernate name adopted for the purpose of trans or "LLC.")	sacting business in Florida. The alternat	te name must include "Limited
2. Pennsylvania	.3.	81 1283716	
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FE) number, if appli	cable)
4.	(Data first transported hyginess in File	uide (Carior to conjetention)	Phen
	(Date first transacted business in Flo (Sec sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
5. 701 West Broad Street	Suite 200	•	
Bethlehem, PA 18018			
20111/ 12 10: 17	(Street Address of Principal	l Office)	~>
6. 701 West Broad Street S	Suite 200		200
Bethlehem, PA 18018			
	(Mailing Address)	
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
	Don Wenner Home Selling, Inc.	(<u>110)</u> uooopiiio/o/	
Name;	Don Women Trome Bonning, Inc.		
Office Address:	454 S. Yonge Street		高音 5
	Onnond Beach	. Florida 32174	Sm ù
	(Çity)	(Zip co	ode)
designated in this applica- to complywith the provision	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ons of all statutes relative to the proper my position as registered agent.	as registered agent und agree to ac	ct in this capacity. I further agree
	(Revistered av	ent's signature)	***************************************
	·	•	
·	acity and address of the person(s) who h	nas/have authority to manage is/are:	,
Donald Wenner, Managir	ng Member		
			•
		3	
	of existence, no more than 90 days old of which it is organized. (If the certifical ultimitted)		
/	Signature of an	authorized person	· · · · · ·
This document is executed submitted in a document t	f in accordance with section 605.0203 (o the Department of State constitutes a t	1) (b), Florida Statutes. I am aware third degree felony as provided for i	that any false information in s.817.155, F.S.
	Donald Wenner		

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/08/2016+

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SV Ventures, 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.

OF THE COAMO

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: TSC160308090223-1

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