MICOUDA375

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Bu | isiness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000282937360

03/21/16--01026--013 **130.00

SECRETARY OF STATE TALLAHASSEE, FLORIDS

MAR 22 2016 S. YOUNG

COVER LETTER

| | Registration Section Division of Corpora | | | | | | |
|---|---|--|------------------------------------|--|--|-------|--------------|
| SUBJEC | | d Painting and Wallcovering, | LLC | | | | |
| BOBOLIC | | Name o | f Limited Liability (| Company | | - | |
| | | Foreign Limited Liability Connitted to register the above refe | | | | | |
| Please re | turn all corresponder | nce concerning this matter to th | ne following: | | | | |
| | David Lock | cwood | | | | | |
| | | | Name of Person | | | - | |
| David Lockwood Painting and Wallcovering, LLC | | | | | | | |
| | Firm/Company | | | | | | |
| | 524 Jansen | Avenue | | | | | |
| | | | Address | | | - | |
| | Essington, | Pennsylvania 19029 | | | | ਲੇ | AG |
| | | City | State and Zip Code | | | | |
| | David@Lock | cwoodpaint.com | | | | 2 | ASSI ASSI |
| Eas fresh | ifotion | E-mail address: (to be us | sed for future annual | report not | ification) | P. | |
| roi iutui | er intormation conce | rning this matter, please call: | | | | 5: 02 | OSA ALA |
| | David Lockwood | ************************************** | 610 at (| 809-532 _) | | | ئې سانق |
| | Nar | ne of Contact Person | Area Code | Day | time Telephone Number | | |
| | MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 323 | ions | | Division of Registrati Clifton B 2661 Exe | CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | | |
| | is a check for the fo □ \$125.00 Filing Fe | | ☐ \$155.00 Filin Certified Copy | ıg Fee & | □ \$160.00 Filing Fee, C of Status & Certified Co | | |

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:

| David Lockwood Paint | ting and Wallcovering, LLC | | | |
|---|---|--|--|---------|
| (Name of For | eign Limited Liability Company; must include "I | Limited Liability Company," "L.L.C.," or "LI | LC.") | |
| (If name unavailable, enter a Liability Company," "L.L.C, | Iternate name adopted for the purpose of transact," or "LLC.") | ing business in Florida. The alternate name n | nust include "Limited | |
| 2. Pennsylvania | ₂ 45- | 2118607 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | |
| 4 | (5) | | | |
| | (Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t | a, it prior to registration.) to determine penalty liability) | | |
| 5 | | | | |
| 5400 26th Street West, | , Unit O255, Bradenton, Florida 34207 | | | |
| | (Street Address of Principal Of | fice) | | |
| 6 | | | | |
| 5400 26th Street West, | , Unit O255, Bradenton, Florida 34207 | | a Fra | |
| | (Mailing Address) | | LAH. | ű, |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box N | OT acceptable) | 第2 | |
| Name: | David Lockwood | | | 1 |
| Office Address: | 5400 26th Street West, O255 | | 마 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 | 1 |
| | Bradenton | . Florida ³⁴²⁰⁷ | 20 See See See See See See See See See Se | |
| | (City) | (Zip code) | | |
| designated in this applicate to complywith the provisi | otance: egistered agent and to accept service of pro- ction, I hereby accept the appointment as re ions of all statutes relative to the proper and my position as registered agent. | gistered agent and agree to act in this c | capacity. I further ag | ree |
| | David Focker | ood | | |
| | (Registered agent's | s signature) | | |
| 8. The name, title or cap | acity and address of the person(s) who has/h | ave authority to manage is/are: | | |
| David Lockwood, Owner | Operator, 5400 26th Street West, Unit O25 | 5, Bradenton, Florida 34207 | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | e of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted) Signature of an autho | in a foreign language, a translation of th | stody of records in the | ; th |
| | Signature of an author | rized person | | |
| This document is executed submitted in a document to | d in accordance with section 605.0203 (1) (b) o the Department of State constitutes a third |), Florida Statutes. I am aware that any fa degree felony as provided for in s.817.15 | lse information 5, F.S. | |

Typed or printed name of signee

David Lockwood

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/13/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

David Lockwood Painting and Wallcovering Limited Liability Company

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.

THE COARDON STANDS TO A STANDS

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

16 MAR 21 PM 5: 0

SECRETARY OF STATE

Certification Number: TSC160313130033-1

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