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### COVER LETTER

	Registration Section Division of Corporation	ıs				
SUBJEC		ND CAPITAL, LLC				
SOLUCIO		Name of	Limited Liability	Company		
					nnsact Business in Florida," Cert y company to transact business in	
Please ret	urn all correspondence c	oncerning this matter to the	following:			
	JOSEPH HOO	VER				
		N	ame of Person	<del> –</del>		
	ISLAND CAPI	TAL DEVELOPMENT, LL	c			
	·	Fí	rm/Company			
	1669 BLACKB	1669 BLACKBURN HEIGHTS DRIVE				
			Address			
	SEWICKLEY,	PA 15143				
	<del></del>	City/S	tate and Zip Code			
	JWEXLEY@GM	IAIL.COM				
	——————————————————————————————————————	E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r information concerning	this matter, please call:				
	JOSEPH HOOVER		412 at (	867-50	31	
-	Name of	Contact Person	Area Code	Day	time Telephone Number	
] F F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed [	is a check for the followi I \$125.00 Filing Fee	ng amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SIXTUITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a	Iternate name adopted for the purpos	se of transacting busines	ss in Florida. The alternate nar	ne must incl	ude "Li	_ mited
Liability Company," "L.L.C, Pennsylvania	" or "LLC.")	3. 81-2352249				
(Jurisdiction under the law	of which foreign limited liability	3. 41-2332247	(FEI number, if applicable	)		
company is organized)	huginaga in Florida					
4. Has not yet transacted	(Date first transacted busine	ess in Florida, if prior to	registration.)	_		
1440 DI ACKDIMBIL	(See sections 605.0904 & 605	.0905, F.S. to determin	e penalty liability)			
5. 1669 BLACKBURN I	AEIGHTS DRIVE			<del>-</del>		
SEWICKLEY, PA 151	143			$\geq c$		
	(Street Address of	Principal Office)		- (-)	ر <u>۔</u> چ	
6. 1669 BLACKBURN H	IEIGHTS DRIVE			_ 🚉 🖰	S	
SEWICKLEY, PA 151	143			62) 2023	1	( At 2
	(Mailing	Address)		12.5 Co		gright.
7. Name and street addres	ss of Florida registered agent: (P	O. Box NOT accept	able)		Ç.	Kaltin
Name:	JOSEPH HOOVER		_		<u></u>	···
Office Address:	850 MANOR LANE		<del>-</del>	D);		
	MARATHON		_, Florida 33050			
	(City)		(Zip code)	_		
designated in this applica to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regist	tment as registered u	gent and agree to act in the performance of my duties	is capacity	. I furi	ther agree
8. The name, title or capa	acity and address of the person(s)	who has/have author	rity to manage is/are:			
JOSEPH HOOVER, Men			,			
KEVIN YEARGERS, Me	ember of Manager					
	, , , , , , , , , , , , , , , , , , ,					
	of existence, no more than 90 da of which it is organized. (If the c ubmitted)	ertificate is in a foreig	gn language, a translation o			
	Signature	or an authorized person	n			
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florida i ites a third degree feld	Statutes, I am aware that an ony as provided for in s.817	y false info 7.155, F.S.	rmation	1
	IOSEPH HOOVER					

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/25/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Marathon Island Capital, 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: TSC160525120903-1

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