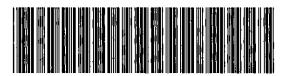
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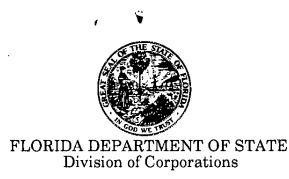
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June 3, 2016

BRUCE FAMIGLIO 2338 MILFORD CIRCLE SARASOTA, FL 34239

SUBJECT: HIGH FIVE FAMILY SOLUTIONS LLC

Ref. Number: W16000040581

We have received your document for HIGH FIVE FAMILY SOLUTIONS 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

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Letter Number: 016A00011733

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	High Five Family Solutions LLC
SUDJI	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Bruce R. Famiglio
	Name of Person
	Firm/Company
	2338 Milford Circle
	Address
	Sarasota Florida 34239
	City/State and Zip Code
	bfamiglio@verizon.net
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Bruce Famiglio 941 773-0510 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount: \$\sqrt{125.00 riling Fee} \sqrt{130.00 Filing Fee} \sqrt{130.00 Filing Fee} & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ns, Florida LLC		
iability Company," "L.L.C,		transacting business in Florida. The alternate r	name must include "Limited
Pennsylvania		3. 46-4235540	·
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
			and the second
•	(Date first transacted business i	n Florida, if prior to registration.) 05, F.S. to determine penalty liability)	<u> </u>
			The state of the s
2338 Milford Circle Sa	arasota Florida 34239 (Street Address of Prin		
			And the same
	(Mailing Add	tress)	
Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Bruce R. Famiglio		
Office Address:	2338 Milford Circle	**************************************	
		24220	
	Sarasota,	, Florida 34239	
	(City)		
tegistered agent's accep		(Zip code)	whility company at the pla
laving been named as re esignated in this applica o complywith the provisi	otance: egistered agent and to accept service ation, I hereby accept the appointme ions of all statutes relative to the pro my position as registered agent.	(Zip code) e of process for the above stated limited lid not as registered agent and agree to act in sper and complete performance of my dut	this capacity. I further a
laving been named as reesignated in this applicate complywith the provision complywith the provisions of the obligations of the control of th	otance: egistered agent and to accept service ation, I hereby accept the appointme tions of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited lid ent as registered agent and agree to act in experand complete performance of my dut agent's signature)	this capacity. I further a
laving been named as reesignated in this applicate complywith the provision comply with the provision of the obligations of the control of the name, title or capa	otance: egistered agent and to accept service ation, I hereby accept the appointme tions of all statutes relative to the pro my position as registered agent. (Registered	(Zip code) e of process for the above stated limited lid not as registered agent and agree to act in sper and complete performance of my dut	this capacity. I further a
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laving been named as reesignated in this applicate complywith the provision of the obligations of the control of the name, title or capable of R. Famiglio	otance: egistered agent and to accept service ation, I hereby accept the appointme tions of all statutes relative to the pro- my position as registered agent. (Registered acity and address of the person(s) wh	(Zip code) e of process for the above stated limited lid ent as registered agent and agree to act in experand complete performance of my dut agent's signature)	this capacity. I further a

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.

Bruce R. Famiglio

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 05/26/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

An Abrillian

I DO HEREBY CERTIFY THAT.

HIGH FIVE FAMILY SOLUTIONS 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: TSC160526080173-1

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