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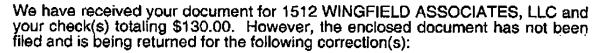
### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

PATRICK LIVINGSTON 9767 QUINN CT WELLINGTON, FL 33414

SUBJECT: 1512 WINGFIELD ASSOCIATES, LLC

Ref. Number: W16000052627



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 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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00015890

0.001173857147174 31VLS 40 ASM 44738 0.3717 Kevin Johnston 414 Marple Road Broomall, Pennsylvania 19008

September 26, 2016

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Attention: Sheila H Young

also emailed to: corphelp@dos.myflorida.com

Dear Ms. Young or To Whom it May Concern:

Regarding: Doc# W16000052627, 1512 Wingfield Associates, LLC

Enclosed you will find a copy of your Letter Number 616A00015890 dated July 28, 2016 and the corrected application page with line 8 and 9 completed. The company, 1512 Wingfield Associates: LLC has a Board of Managers. I, Kevin Johnston, am Member Manager, authorized to manage the LLC. I apologize for the delay in responding. Unfortunately, I received a scanned copy of your letter this morning. I will email and post this cover letter and the above referenced letter and corrected application page. Please notify me, by email if possible (kjohnston@seic.com) if any additional information is needed.

Thank you for your attention and assistance in resolving this matter.

### Regarding: Doc# W16000052792, 1506 Wingfield Associates, LLC

On Friday, September 23, 2016 I learned, from a representative from your office (I called 850-245-6051 telephone number), that the letter noted above and one similar to it were mailed on July 29, 2016 regarding each of the LLC's Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida. Unfortunately, I did not receive the letter for W16000052792 - 1506 Wingfield Associates, LLC.

I would like to resolve any issues preventing the acceptance of the application and registration. If possible, could you please email or fax to me a copy of the letter for W16000052792. My email address is <u>kjohnston@seic.com</u>. My fax number is 484-676-1251 and my daytime telephone number is 610-676-1251.

Once again thank you very much for your assistance in resolving the issues preventing both of these LLCs from being registered in Florida.

Kind regards,

Kévin Johnston Member Manager

1512 Wingfield Associates, LLC 1506 Wingfield Associates, LLC

ENC: 2

### **COVER LETTER**

TO: Registration Section Division of Corporations	
	ELD ASSOCIATES, LLC une of Limited Liability Company
The enclosed "Application by Foreign Limited Lial Existence, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this m	atter to the following:
PATRICK LIVINGST	Name of Person
(Registered Agent	) 1512, Wingfield Assoc Le
9767 QUINN CT	Address 414 Marple Rel
WELLINGTON FL, 334	City/State and Zip Code
pallivingstone yahoo. E-mail address:	.com kjohnstone seicotom (1) (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Kevin John	Ston at (6/10) 357-267/ Rrea Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number  STREET ADDRESS:  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amo  \$125.00 Filing Fee  \$\infty\$ \text{\$\sum_{\text{crtificate of Str}}}\$ Certificate of Str	Fee & \$\int\$155.00 Filing Fee & \$\int\$

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOREIGN		
1. 1512 WINGFIELD ASSOCIATES, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
	<u> </u>		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of a consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lia Company," "L.L.C," "LLC.")	he written ibility		
2. PENNSYLVANIA  (Jurisdiction under the law of which foreign limited Hability (FEI number, if applicable) company is organized)	<u> </u>		
4. JUNE 9 2011 5. PERPETUAL	•		
(Date of Organization) (Duration: Year limited hability company will cause)	<del></del>		
exist or "perpetual")	•		
6. SEE ATTACHED	— <del>=</del> 50		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
DREXEL HILL PA 19026 (Street Address of Principal Office)	10H		
(Street Address of Principal Office)	<u>. 196</u>		
8. If limited liability company is a manager-managed company, check here	ATE OF		
9. The name and usual business addresses of the managing members or managers are as follows:	. •		
KEVIN JOHNSTON - MEMBER MANAGER			
414 MARPLE RD	<del></del>		
BROOMALL, PA 1900B	_		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.)			
11. Nature of business or purposes to be conducted or promoted in Florida: Own PROPERTY T	<u>o</u>		
BE USED FORTHE CHARITABLE PURPOSE OF FEED ING THE LOW-INCOME AND POOR OF LA	KE WORTH		
Kub Dela			
Signature of a member or an authorized representative of a member.			
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the			
penalties of perjury that the facts stated herein are true. 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.)			
KEVIN B. JOHNSTON			
Typed or printed name of signee			

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
1512 WINGFIELD ASSOCIATES, LLC	
If unavailable, the alternate to be used in the state of Florida is:	# SECON
2. The name and the Florida street address of the registered agent and office are:  PATRICK LIVINGSTON  (Name)  (Name)	1 27 PH 12: 58
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Welling Ton FL 33414 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/19/2016

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

1512 Wingfield Associates, LLC

I, Pedro A. Cortés , Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of

Creation Filing filed on Jun 8, 2011 Effective Jun 9, 2011 - Pages (2)

16 III 27 PM 12: 58



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: TSC160719211728-1

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

ST, PAO4B

Entity #: 4036451 Date Filed: 06/08/2011 Effective Date: 06/09/2011 Carol Aichele

Secretary of the Commonwealth

From: Sent:

To: Subject: pao4b@state.pa.us

Wednesday, June 08, 2011 3:42 PM

PAO4B New Registration 32-6125

### PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

**Certificate of Organization Domestic Limited Liability Company** (15 Pa.C.S. § 8913)

Document will be returned to the name and address you enter below.

Name

Gregory Rice Address 369 Edmonds Avenue Address

City

Code

Drexel Hill

19026

Email: grice@highroadconsult.com

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

The name of the limited liability company(designator is required, i.e., "company", limited" or "limited liability company" or abbreviation):

1512 Wingfield Associates, LLC

The (a) address of limited liability company's Initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street

City

State

Zip

County

Commonwealth of Pennsylvania

CERTIFICATE OF ORGANIZATION 2 Page(s)

369 Edmonds Avenue

**Drexel Hill** 

19026 23

Name of Commercial Registered Office Provider

County

The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name

clo.

Address

**Gregory Rice** 

463 Eaton RoadDrexel HillPA19026

Strike out if inapplicable term

A member's interest in the company is to be evidenced by a certificate of membership interest.

Strike out if inapplicable

Management of the company is vested in a manager or managers.

The specified effective date, if any is:

06

09 2011

Month

Day Year hour, if any

Strike out if inapplicable term: The company is a restricted professional company organized to render the following restricted professional service(s):

For additional provisions of the certificate, if any, attach an 81/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

day of

na-4/215

### PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

Domestic Signature Form

Document must be completed and mailed to the address listed below.

Department of State Corporation Bureau P.O. Box 8722 Harrisburg, PA 17105-8722 (717) 787-1057

- The enterprise structure is: **Limited Liability Company**
- The enterprise legal name is: 1512 Wingfield Associates, LLC
- 3. The enterprise's fictitious name is:

IN, JESTIMONY WHEREOF, the undersigned have caused this application to be executed this

Individual Signature of Gregory Rice

### **Q692520110608**

To avoid any delay or rejection, signature form(s) should be received within 7-10 days of the registration submission date.

PADEPT. OF STATE

JUN 09 2011

Received Time Jun. 8. 2011