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	Registration Sec Division of Corp					
SUBJECT	DLP SF Fur	nd II, LLC				
SC BOLC I	' '	Name o	f Limited Liability Comp	pany		
				to Transact Business in Florida," Certificate of ability company to transact business in Florida		
Please retu	ırn all correspoi	ndence concerning this matter to the	ne following:			
	Barry V	V. DeGroot, Esq.				
			Name of Person			
	DLP SI	Fund II, LLC				
	Firm/Company					
	701 W	701 West Broad Street				
			Address			
	Bethleh	nem PA 18018				
		City	State and Zip Code			
	barry@d	reamliveprosper.com				
	-	E-mail address: (to be us	ed for future annual repo	ort notification)		
For further	· information co	ncerning this matter, please call:				
В	Barry W. DeGro	oot	215 58	89-5102		
		Name of Contact Person	Area Code	Daytime Telephone Number		
D R P.	1AILING ADD Division of Corp egistration Sect O. Box 6327 allahassee, FL 3	orations	Div Reg Clif 266	REET ADDRESS: vision of Corporations gistration Section flon Building l Executive Center Circle lahassee, FL 32301		
	s a check for the 1 \$125.00 Filing	e following amount: g Fee	☐ \$155.00 Filing Fe Certified Copy	e & \$160.00 Filing Fee, Certificate of Status & Certified Copy		

### 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:

	, , ,	must moru	ue minieu mai	oility Company," "L.L.C.," or	I.I.C. )	
If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the pur	pose of trai	nsacting business	s in Florida. The alternate nam	ne must include "Lir	nited
2. Pennsylvania		3	81-3380412			
(Jurisdiction under the law company is organized)	of which foreign limited liability	, 3.		(FEI number, if applicable)		
	(Date first transacted bu (See sections 605.0904 &				-	
701 West Broad Street	Bethlehem PA 18018				-	
	(Street Address	of Principa	l Office)		- <i></i>	
5		•			16 DEC 14 PH	························(
701 West Broad Street					DEC I	
	(Mail	ing Address	<u>)</u>	, , , , , , , , , , , , , , , , , , ,		1
7. Name and street address	ss of Florida registered agent:	(P.O. Box	NOT accepta	able)	2	
Name:	Don Wenner Home Selling	, Inc.		-	2:01	نمیدیا د
Office Address:	1051 Ridgewood Avenue #	217				-
	Daytona Beach			, Florida <u>32117</u>	_	
	(City)	)		(Zip code)		
	tance:					
lesignated in this applica o complywith the provisi		service of ointment a the proper	is registered ag	ent and agree to act in thi	s capacity. I furt	her agree
laving been named as re lesignated in this applica o complywith the provisi	tance: egistered agent and to accept tion, I hereby accept the appoint ons of all statutes relative to my position as registered age	service of ointment of the proper ont.	is registered ag	ent and agree to act in thi	s capacity. I furt	her agree
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of t	ntance: registered agent and to accept to tion, I hereby accept the appoint ons of all statutes relative to the property position as registered agencity and address of the personant to the pers	service of ointment of the proper ont.	es registered ag and complete ent's signature)	ent and agree to act in thi performance of my duties,	s capacity. I furt	her agree
Having been named as re lesignated in this applica o complywith the provision accept the obligations of the 8. The name, title or capa	ntance: registered agent and to accept to tion, I hereby accept the appoint ons of all statutes relative to the property position as registered agencity and address of the personant to the pers	service of ointment of the proper ont.	es registered ag and complete ent's signature)	ent and agree to act in thi performance of my duties,	s capacity. I furt	her agree
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Having been named as relesignated in this applicate to complywith the provision of the complywith the provision of the complywith the provision of the complete the obligations of the complete the name, title or capa Donald Wenner, Member 1. Attached is a certificate urisdiction under the law	of existence, no more than 90 of which it is organized. (If the	service of ointment of the proper ont.  registered agon(s) who h	ent's signature) as/have authori	gent and agree to act in this performance of my duties, ty to manage is/are: ated by the official having o	s capacity. I furt, and I am familie  custody of records	her agree ar with an
Having been named as relesignated in this applicate ocomplywith the provision occept the obligations of the same, title or capa Donald Wenner, Member Och Attached is a certificate	of existence, no more than 90 of which it is organized. (If the ubmitted)	service of ointment of the proper int.  The gistered again (s) who had a days old, are certifica	ent's signature) as/have authori	gent and agree to act in this performance of my duties, ty to manage is/are:  ated by the official having on language, a translation of	s capacity. I furt, and I am familie  custody of records	her agree ar with an

Typed or printed name of signee

Donald Wenner

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 12/12/2016

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

I DO HEREBY CERTIFY THAT,

### DLP SF Fund II 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.

THE CONTRACTOR OF THE CONTRACT

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: TSC161212201895-1

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