# M17000003377

(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

**S Warren** APR 2 0 2017



March 31, 2017

TIMOTHY J. DUCKWORTH, ESQUIRE P.O. BOX 20770 LEHIGH VALLEY, PA 18002-0770

SUBJECT: JEPPESEN MANAGEMENT, LLC

Ref. Number: W17000027623

We have received your document for JEPPESEN MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Letter Number: 617A00006230

Stacey M Warren Regulatory Specialist II



#### Mosebach, Funt, Dayton & Duckworth, P.C.

Gateway Professional Center 2045 Westgate Drive • Suite 404 Bethlehem, PA 18017

Telephone: 610-882-9800 • Fax: 610-882-9822 www.mfddlaw.com †\*Barry N. Mosebach

\*Harold J. Funt
William H. Dayton, Jr.

†\*Timothy J. Duckworth

John F. Hacker

Kristie L. Beitler

Timothy J. Duckworth, Jr.

Thomas E. Weaver, Jr.

Robert Margolis

tLL M in Location \*Pennsylvania and New Jersey Bar

#### tduckworth@mfddlaw.com

April 17, 2017

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Jeppesen Management, LLC

Authority to do Business in Florida

Dear Sir/Madam:

Enclosed for filing is an original and one copy of a fully executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above entity together with a copy of your March 31, 2017 letter regarding the same.

Please return a time-stamped copy of the Application to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please contact me.

Thank you.

Sincerely,

MOSEBACH, FUNT, DAYTON, &

DUCKWORTH, P.C.

Timothy J. Duckworth

TJD:mjm Enclosures

cc: Jeppesen Management, LLC



#### Mosebach, Funt, Dayton & Duckworth, P.C.

Gateway Professional Center 2045 Westgate Drive • Suite 404 Bethlehem, PA 18017

Telephone: 610-882-9800 • Fax: 610-882-9822 www.mfddlaw.com †\*Barry N. Mosebach \*Harold J. Funt William H. Dayton, Jr. †\*Timothy J. Duckworth John F. Hacker Kristie L. Beitler Timothy I. Duckworth, Jr. Thomas E. Weaver, Jr.

Robert Margolis

\*Pennsylvania and New Jersey Bar

#### tduckworth@mfddlaw.com

March 27, 2017

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Jeppesen Management, LLC

Authority to do Business in Florida

Dear Sir/Madam:

Enclosed is an original and one copy of a fully executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above entity and a check in the amount of \$125.00 made payable to the "Florida Department of State" to cover the filing fee. Also enclosed is a Subsistence Certificate (Certificate of Good Standing) dated March 24, 2017, from the Commonwealth of Pennsylvania, Department of State. Please return a time-stamped copy of the Application to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please contact me.

Thank you.

Sincerely,

MOSEBACH, FUNT, DAYTON, &

DUCKWOR/TH, P.C.

Timothy J. Duckworth

TJD:mjm Enclosures

cc: Jeppesen Management, LLC

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	Jeppesen Manageme	nt, LLC				
		Name of I	Limited Liability (	Company		
					nsact Business in Florida," C company to transact busines	
Please return	all correspondence co	oncerning this matter to the	following:			
	Timothy J. Ducl	kworth, Esquire				
		N	ame of Person			
	Mosebach, Funt	, Dayton & Duckworth, P.C	<b>S.</b>			
		Fi	rm/Company			
	P.O. Box 20770					
			Address			
	Lehigh Valley,	PA 18002-0770				
		City/S	tate and Zip Code			
	pouljeppesen@ya	thoo.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further in	nformation concerning	this matter, please call:				
Tin	nothy J. Duckworth, E	Esquire	610 at (	882-98	00	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
	check for the following Fee	ing amount:  \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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:

	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate a Liability Company, "L.L.C," or "LLC,")	name must include "Limited
2. Pennsylvania 3. 47-5469580	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicate company is organized)	ole)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<del></del>
5. 5793 Cape Harbour Drive, Unit 1017	
Cape Coral, FL 33914	<del></del>
(Street Address of Principal Office)	<u> </u>
6. 949 Place Road	<b>-</b> -
Bethlehem, PA 18017	17. SEC
(Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Name: Poul Jeppesen	
Office Address:   5793 Cape Harbour Drive, Unit 1017	
Cape Coral , Florida 33914	Agis Agis Agis Agis Agis Agis Agis Agis
(City) (Zip code)	<u> </u>
designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my dut	this capacity. I further agree
Having been named as registered agent and to accept service of process for the above stated limited lid designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent.	this capacity. I further agree
Having been named as registered agent and to accept service of process for the above stated limited lid designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent.  (Registered agent signature)	this capacity. I further agree
Having been named as registered agent and to accept service of process for the above stated limited lid designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent.  (Registered agents signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	this capacity. I further agree
Having been named as registered agent and to accept service of process for the above stated limited lid designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent.  (Registered agent) signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Poul Jeppesen, Member	this capacity. I further agree

Typed or printed name of signee

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/24/2017

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

I DO HEREBY CERTIFY THAT,

Jeppesen Management, 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.

OF THE CONTROL OF THE

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: TSC170324141171-1

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