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COVER LETTER

TO:

Registration Section
Division of Corporations

WILT STREET VENTURES LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

LAWRENCE B THOMAS

Name of Person

Wilt Street Ventures LLC

Firm/Company

4948 W Bay Way Drive

Address

Tampa FL 33629

City/State and Zip Code

larry@wiltstreet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Thomas

..610

5975448

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

\$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) 4.	
2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46 - 2951203 (FEI number, if applicable)	
4.	
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability)	
5. 4948 W Bay Way Drive 6. 4948 W Bay Way Drive	
(Street Address of Principal Office) (Mailing Address) Tampa FL 33629 Tampa FL 33629	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Lawrence B Thomas	
Office Address: 4948 W Bay Way Drive	
Tampa , Florida 33629	• •
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wand accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: President Lawrence B Thomas	igre
4948 W Bay Way Drive	
Tamppa FL 33629	
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in t jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under confidence of the translator must be submitted) Signature of an authorized person	
10. 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. Lawrence B Thomas	

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/09/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Wilt Street Ventures, 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 COUNTY OF TH

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: TSC170509080153-1

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