

M17000005646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

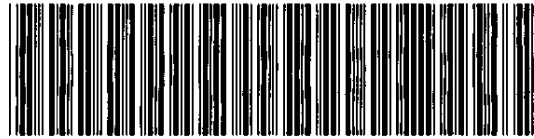
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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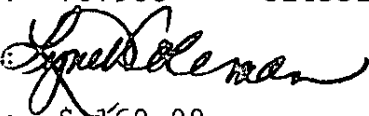
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17 JUL -3 PM 4:18

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 05 2017

Y SULLY

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 707968 8143319
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : June 30, 2017
ORDER TIME : 3:21 PM
ORDER NO. : 707968-005
CUSTOMER NO: 8143319

FOREIGN FILINGS

NAME: REMY CAPILLUS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REMY CAPILLUS LLC

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:

ANTHONY FLYNN

Name of Person

REMY CAPILLUS LLC

Firm/Company

2110 SOUTH EAGLE ROAD SUITE 394

Address

NEWTON, PA 18940

City/State and Zip Code

ANTHONY.FLYNN@REMYCAPILLUS.COM

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

For further information concerning this matter, please call:

MARK YUDELL

267
at ()

364-6161

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. REMY CAPILLUS LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. DELAWARE 3. 27-3377898
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>2110 SOUTH EAGLE ROAD</u> (Street Address of Principal Office) <u>SUITE 394</u> <u>NEWTON, PA 18940</u>	6. <u>2110 SOUTH EAGLE ROAD</u> (Mailing Address) <u>SUITE 394</u> <u>NEWTON, PA 18940</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANTHONY FLYNN
Office Address: 33501 SOUTH DIXIE HIGHWAY
FLORIDA CITY, Florida 33034
(City) (Zip code)

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 agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Anthony Flynn
(Registered agent's signature)
ANTHONY FLYNN

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TALLAHASSEE, FLORIDA
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ED

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>MARK YUDELL</u> <u>2110 SOUTH EAGLE ROAD</u> <u>NEWTON, PA 18940</u>	_____	_____
<u>COO</u>	<u>ANTHONY FLYNN</u> <u>2110 SOUTH EAGLE ROAD</u> <u>NEWTON, PA 18940</u>	_____	_____

(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 the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.

/s/ Anthony Flynn
Signature of an authorized person

ANTHONY FLYNN - OFFICER/PRESIDENT & COO
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REMY CAPILLUS, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE THIRTIETH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REMY CAPILLUS,
LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



4865287 8300

SR# 20175052170

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202815646

Date: 06-30-17