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SECRETARY OF STATE
ALLAHASSEE FLORINA

Jelille Stille

COVER LETTER

TO: Registration Section Division of Corporations		N.
SUBJECT: Gmuth Elliott Kearn S Name of	É Company	J, NC
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer		
Please return all correspondence concerning this matter to the	following:	
Kimberly J.Wi	nes Jame of Person	
Smith Elliott K	eams & Cor	mpany, LLC
498 N. Potoma	C Street. Address	
Hagerstown city/s		
E-mail address: (to be use	K. COM	ification)
For further information concerning this matter, please call:		
Kimberly Wines Name of Contact Person	at (<u>301</u>) 73 Area Code Day	33-5020 time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding secutive Center Circle ce, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$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

COMPANY TO TRANSACT BUSINESS IN THE STATE OF	FLORIDA:	JBMITTED TO REGISTER A F	CAUSKIN LIMITES LANDIETT
1. Smith Elliott Keams (Name of Foreign Limited Liability Company; m	5 & Company	J, LLC.," or "LIC.")	
(If name unavailable, enter alternate name adopted for the purpose of tran	sacting business in Florida. The alternate na	ne must include "Limited Liability Cor	mpany," "L.L.C," or "LLC,")
2. Maryand (Jurisdiction under the law of which foreign limited liability compan	y is organized)	52-078393 (FEI number, if app) 5 slicable)
4. July 2017 (Pate first transacted busines (See sections 605.0904 & 60	s in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)		
5. 498 N Potomac St	6. <u>6</u> .	me (Mailing Address)	·
Hagerstown MD a	1740	(маниц линсь)	714 Signal 1411
			F T
7. Name and street address of Florida registered ag	gent: (P.O. Box <u>NOT</u> acceptal	ole)	28 28 28 28
Name: Jefry A.	Bohn		
Office Address: 95048 Ele	terberry Ln		3 3 TATE ORIDA
Fernandi	na Beach	, Florida <u>39034</u> (Zip code)	7
Registered agent's acceptance: Having been named as registered agent and to accept the designated in this application, I hereby accept the	appointment as registered ag	ent and agree to act in this	
to comply with the provisions of all statutes relative and accept the obligations of my position as register.		performance of my duties,	
and accept the obligations of my position as regist	rered agent	performance of my duties,	
and accept the obligations of my position as regist	(Registered agent's signature)		
	(Registered agent's signature) erson(s) who has/have authorit	y to manage is/are:	
8. The name, title or capacity and address of the p	(Registered agent's signature) erson(s) who has/have authorit	y to manage is/are:	, and I am familiar with
8. The name, title or capacity and address of the p	(Registered agent's signature) erson(s) who has/have authorit	y to manage is/are:	, and I am familiar with
8. The name, title or capacity and address of the p	(Registered agent's signature) erson(s) who has/have authorit	y to manage is/are:	, and I am familiar with
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8. The name, title or capacity and address of the p Title or Capacity: Name and Ad See Attacheo	(Registered agent's signature) erson(s) who has/have authorited ress: Title or (y to manage is/are: Nan Nan Lapacity: Nan Lapacity: Lapacity: Lapacity: Nan Lapacity: Lapaci	and I am familiar with me and Address: ustody of records in the
8. The name, title or capacity and address of the p Title or Capacity: Name and Ad See Attached Use attachments if necessary) Attached is a certificate of existence, no more than risdiction under the law of which it is organized.	(Registered agent's signature) crson(s) who has/have authorited ress: Title or Common and the continuation of the certificate is in a foreign cection 605.0203 (1) (b), Florid	y to manage is/are: Capacity: National Statutes of the control o	ustody of records in the the certificate under oath
8. The name, title or capacity and address of the p Title or Capacity: Name and Ad See Attached Use attachments if necessary) Attached is a certificate of existence, no more that risdiction under the law of which it is organized. This document is executed in accordance with secondaries.	(Registered agent's signature) crson(s) who has/have authorited ress: Title or Common and the continuation of the certificate is in a foreign cection 605.0203 (1) (b), Florid	y to manage is/are: Apacity: Nate of the official having ellanguage, a translation of a Statutes. I am aware that a y as provided for in s.817.1	ustody of records in the the certificate under oath

Smith Elliott Kearns & Company, LLC MEMBERS LIST

NAME	TITLE RESIDENTIAL ADDRESS	BUSINESS ADDRESS	LICENSE NO.	STATE ISSUED	EXP. DATE
LAIR, JODI M.	p 14225 SHELBY CIRCLE, HAGERSTOWN, MD 21740	480 N. POTOMAC STREET, HAGERSTOWN, MD 21740	31319	QW	6/27/2016
ARLINGTON, KARA M.	P 236 CLEARVIEW ROAD, HANOVER, PA 17331	55 WETZEL DRIVE, SUITE 1, HANOVER, PA 17331	CA0399851.	A P	12/31/2017
ISTEFANO, CHRISTOPHER J.	P 323 N. WILLIAMS STREET, YORK, PA 17404	55 WETZEL DRIVE, SUITE 1, HANOVER, PA 17331	CA029090L	Ad	12/31/2017
RAKE, SCOTT N.	P 1240 PRAIRIE DRIVE, CHAMBERSBURG, PA 17201	804 WAYNE AVENUE, CHAMBERSBURG, PA 17201	CA013567L	PA	12/31/2017
ISENHAUER, TERRY T.	P 10774 COUNTRY CLUB RD, WAYNESBORO, PA 17268	804 WAYNE AVENUE, CHAMBERSBURG, PA 17201	CA025090L	PA	12/31/2017
LINCHBAUGH, JOEL A.	P 39 DANNAH DRIVE, CARLISLE, PA 17015	19 BROOKWOOD AVENUE, CARLISLE, PA 17013	CA027161L	PA	12/31/2017
RITTS, II, WILLIAM F.	P 11711 ORIOLE DRIVE, HAGERSTOWN, MD 21742	480 N. POTOMAC STREET, HAGERSTOWN, MD 21740	33558	QW	6/11/2016
ALL, GREGORY P.	P 15 COUNTRY SIDE DRIVE, CARLISLE, PA 17013	19 BROOKWOOD AVENUE, CARLISLE, PA 17013	CA03546L	PA	12/31/2018
AUFMAN, STEVEN H.	P 7 SOUTH TRUSH ORIVE, CARLISLE, PA 17013	19 BROOKWOOD AVENUE, CARLISLE, PA 17013	CA016604L	PA	12/31/2018
EARNS, BRADLEY H.	P 705 PINE STUMP ROAD, CHAMBERSBURG, PA 17202	804 WAYNE AVENUE, CHAMBERSBURG, PA 17201	CA032365L	PA	12/31/2018
MANSPEAKER, MICHAEL P.	P 12919 WOODBURN DRIVE, HAGERSTOWN, MD 21742	480 N. POTOMAC STREET, HAGERSTOWN, MD 21740	6224	ΩW	5/3/2018
MARTIN, LUKE C.	P 1035 RAGGED EDGE ROAD, CHAMBERSBURG, PA 17201	804 WAYNE AVENUE, CHAMBERSBURG, PA 17201	CA032000L	PA	12/31/2018
ЕТЕRS, ТІМОТНУ Е.	P 20602 BLUEBIRD AVENUE, HAGERSTOWN, MD 21742	480 N. POTOMAC STREET, HAGERSTOWN, MD 21740	35086	QW	3/21/2017
CHNITZER, JOHN R.	P 112 LITTLE BRIDGE ROAD, HANOVER, PA 17331	55 WETZEL DRIVE, SUITE 1, HANOVER, PA 17331	CA025426L	PA	12/31/2017
VITMER, CRAIGE.	P BO MARANATHA DRIVE, ST. THOMAS, PA 17252	804 WAYNE AVENUE, CHAMBERSBURG, PA 17201	CA0414611	PA	12/31/2017

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SMITH ELLIOTT KEARNS & COMPANY, LLC (W04453544), REGISTERED JULY 10, 1996, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 17, 2017.

Michael L. Higgs

Director



301 West Presion Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 (Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT Voice