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# **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT:		Cedarville I	Engine	eering Group	o. LLC		
		Name of	Limite	ed Liability (	Company		
		eign Limited Liability Comp d to register the above refer					
Please return all corresp	ondence c	oncerning this matter to the	follov	ving:			
		Α	pril B	arkasi			
		N'	ame o	f Person			
		Cedarville E	ngine	ering Group.	LLC		
<u> </u>	· <del>-</del>	Fi	irm/Ce	ompany			
		1033 S. Ha	move	r St. Suite 3	<del>00</del> 0		
			Ado	iress			
		Pottsto	wn, P	A 19465			
		City/S	tate a	nd Zip Code			
		info@cc	edarvi	lleeng.com			
	•	E-mail address: (to be use	d for f	uture annual	report not	ification)	
For further information	concernin	g this matter, please call:					
	Apri	l Barkasi	at i	610	1	705-4500	
	Name o	f Contact Person	`	Area Code	Day	time Telephone Number	
MAILING AI Division of Co Registration So P.O. Box 6327 Tallahassee, FI	rporations ection				Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check for ■ \$125.00 Fili		ing amount: ☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filir rtified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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;

	Limited Liability Company; must include "Li		·'			
f name unavailable, enter alternate i	name adopted for the purpose of transacting business of	n Florida. The attenuate name must include "Linuted List	bility Company, " "L.L.C." or "I.I.C.")			
Pennsylvania		3272068564				
(Jurisdiction under the law of w	rhich foreign limited liability company is organized)	(FEI mont	er, if applicable)			
	Upon Registrat	ion				
'	(Date that transacted business in Florids, if pric (See sections 603 0904 d 605 0905, F.S. to de-	dr to registration )	<del></del>			
1033 S. Hanover St		, , ,	300			
1033 S. Hanover St. Suite 300 (Street Address of Principal Office)		6. 1033 S. Hanover St. Suite 300 (Mailing Address)				
Pottstown, PA 19465		Pottstown, PA 19465				
			55 V			
<del></del>	<del></del>		2011 SEP 13 PM 2: 3			
Nome and street addre	Clasida marietanad assett (D.O. F	Day NOT assessable)	35 5			
. Name and <u>street adore</u>	ss of Florida registered agent: (P,O. E	Sox <u>NOT</u> acceptable)				
Name:	InCorp Services, Inc.		70 R			
	17888 67th Court North	<del>.</del>	7.6 2			
Office Address:	17886 67th Court North	<del></del> _	25			
	Loxahatchee	, Florida <u>33470</u>				
	(City)	(Zip code	<u> </u>			
signated in this application comply with the provision	ition, I hereby accept the appointmen	of process for the above stated limited as registered agent and agree to act per and complete performance of my of Jessica Delgado on beh	in this capacity. I further agre duties, and I am familiar with			
esignated in this applica comply with the provisi nd accept the obligation	ition, I hereby accept the appointmentions of all statutes relative to the project of my position as egisteped agent.	at as registered agent and agree to act per and complete performance of my a  Jessica Delgado on beh  nt's signature)	in this capacity. I further agree			
esignated in this applica o comply with the provisi nd accept the obligation	ition, I hereby accept the appointmentions of all statutes relative to the project of my position as egisteped agent.	at as registered agent and agree to act per and complete performance of my a  Jessica Delgado on beh  nt's signature)	in this capacity. I further agree duties, and I am familiar with			
esignated in this applicate comply with the provision accept the obligation.  The name, title or capi	acity and address of the person(s) who Name and Address:  April Barkasi	Jessica Delgado on beh  nt's signature)  has/have authority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with malf of InCorp Services, I			
esignated in this applicate comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	ition, I hereby accept the appointmentions of all statutes relative to the property of my position as registered agent.  George active and address of the person(s) who have and Address:	Jessica Delgado on beh  nt's signature)  has/have authority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with malf of InCorp Services, I			
esignated in this applicate comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address:  April Barkasi  1094 Laurelwood Rd.	Jessica Delgado on beh  nt's signature)  has/have authority to manage is/are:	in this capacity. I further agreed duties, and I am familiar with malf of InCorp Services, I			
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esignated in this applicate comply with the provision accept the obligation.  The name, title or caparity: Owner  Use attachments if necess Attached is a certificate risdiction under the law the translator must be success. This document is executed.	adity and address of the person(s) who have and Address:  April Barkasi  1094 Laurelwood Rd. Pottstown, PA 19465  sary)  of existence, no more than 90 days of of which it is organized. (If the certification in accordance with section 605.0)	Jessica Delgado on beh  nt's signature)  has/have authority to manage is/are:	in this capacity. I further agreeduties, and I am familiar with malf of InCorp Services, I nalf of InCorp Services, I name and Address:  ving custody of records in the ion of the certificate under oath that any false information			
esignated in this applicate comply with the provision accept the obligation.  The name, title or caparity: Owner  Use attachments if necess Attached is a certificate risdiction under the law the translator must be success. This document is executed.	adity and address of the person(s) who have and Address:  April Barkasi  1094 Laurelwood Rd. Pottstown, PA 19465  sary)  of existence, no more than 90 days of of which it is organized. (If the certification in the Department of State constitutes a state of the	Jessica Delgado on behat's signature)  has/have authority to manage is/are:  Title or Capacity:  Id, duly authenticated by the official hacate is in a foreign language, a translation of the cate is in a foreign language, a translation of the cate is in a foreign language.	in this capacity. I further agreeduties, and I am familiar with malf of InCorp Services, I nalf of InCorp Services, I name and Address:  ving custody of records in the ion of the certificate under oath that any false information			

2017 SEP 13 PM 2:31 COMMONWEALTH OF PENNSYLVANIA TALLARASSEE, FLORIDA

08/10/2017

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

I DO HEREBY CERTIFY THAT.

Cedarville Engineering Group, 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.



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: TSC170810151495-1

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