

M17000007903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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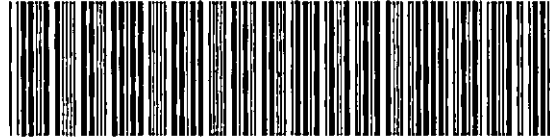
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVERED BRIDGE CAPITAL, 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:

DEAN LIPSON
Name of Person

COVERED BRIDGE CAPITAL, LLC
Firm/Company

830 PENLLYN BLUE BELL PIKE
Address

BLUE BELL, PA 19422
City/State and Zip Code

DEAN@CBCAP.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEAN LIPSON at (215) 646-9700
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. COVERED BRIDGE CAPITAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. PA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-0096179
(FEI number, if applicable)
4. 8/31/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 830 PENNLYN BLUE BELL PK
(Street Address of Principal Office)
6. ← SAME
(Mailing Address)
- BLUE BELL, PA 19422

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SPENCER HASTINGS

Office Address: 3351 NW BOCA RATON BLVD
BOCA RATON, FL, Florida 33431
(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.

Spencer Hastings
(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:	Title or Capacity:	Name and Address:
<u>MEMER</u>	<u>DEAN LIPSON</u> <u>400 1ST STREET</u> <u>LAFAYETTE HILL PA</u> <u>19444</u>	<u>MEMBER</u>	<u>PRO MED CAPITAL</u> <u>3351 NW BOCA RATON BLVD</u> <u>BOCA RATON FL 33431</u>
<u>MEMBER</u>	<u>MICHAEL FINK</u> <u>6102 N. OCEAN BLVD</u> <u>OCEAN RIDGE FL</u> <u>33435</u>		

Use attachments if necessary)

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 the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DEAN LIPSON

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/15/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COVERED BRIDGE CAPITAL, 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

Pedro A. Contes
Secretary of the Commonwealth

Certification Number: TSC170815161604-1

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