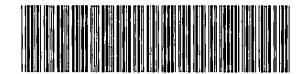
58980000611V

(Re	questor'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



800304247198

10/10/17--01034--014 **125.00

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: The Cor Project, LLC						
Name of	Name of Limited Liability Company					
	npany for Authorization to Transact Business in Florida," Certific renced foreign limited liability company to transact business in F					
Please return all correspondence concerning this matter to the	e following:					
Jason Clark						
	Name of Person					
The Cor Project, LLC						
F	Firm/Company					
PO Box 573						
	Address					
Quarryville, PA 17566						
City'S	State and Zip Code					
jason@corproject.com						
	ed for future annual report notification)					
For further information concerning this matter, please call:						
Jason Clark	at (717) 826-3533					
Name of Contact Person	Area Code Daytime Telephone Number					
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations					
Registration Section P.O. Box 6327	Registration Section Clifton Building					
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: B \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	e				

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:

The Cor Project, LLC	ign Limited Liability Company; must	r melade "Limited Lial	oility Company "" L.C." or	TLC"Y
(Maine or 1 ore	igh istimed islanding company, muse	. Mejade Emined Since	and sompling, and we	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If name unavailable, enter all liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC,")	of transacting business	s in Florida. The alternate nam	e must include "Limited
Pennsylvania		3. 46-3258098		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
March 22, 2017	(Date first transacted busines	The Process of Control	- Victoria V	
	(See sections 605.0904 & 605.0			
5. 484 Kirks Mill Rd.				-
Nottingham, PA 193	362			
	(Street Address of P	tincipal Office)	<u> </u>	•
5. PO Box 573				
Quarryville, PA 1756	6			
	(Mailing A	(ddress)		
7. Name and street addres	s of Florida registered agent; (P.C	O. Box <u>NOT</u> accept	able)	
Name:	Registered Agents Inc.	<u></u>	_	
Office Address:	3030 N. Rocky Point Dr. S	TE 150A	_	
	Tampa		, Florida 33607	
	(City)		(Zip code)	-
designated in this applica to complywith the provisi	gistered agent and to accept servion. I hereby accept the appointions of all statutes relative to the pay position as registered agent.	ment as registered a	gent and agree to act in thi	is capacity. I further agree
8. The name, title or capa	acity and address of the person(s)	who has/have author	ity to manage is/are:	
Christopher West, Pres	ident/Owner	Jaso	n Clark, Executive Vice P	resident
595 Puseyville Rd.			484 Kirks Mill Rd.	
Quarryville, PA 1756	6		Nottingham, PA	19362
	~	ertificate is in a forci	gn language, a translation o	f the certificate under oath
	Signature	of an authorized perso	n	-
	I in accordance with section 605.0 the Department of State constitu)203 (1) (b), Florida :	Statutes. I am aware that an	y false information

Typed or printed name of signee

Jason Clark

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/28/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

The Cor Project, 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: TSC170928161375-1

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