(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>-</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



900304084069

10/05/17--01001--015 \*\*160 00

HARRIS

### COVER LETTER

TO:

то:	Registration Section Division of Corporation	ns				
SUBJI	DWM Interests, LL	С				1
30 BJI		Name of	Limited Liability (	Company		
					ransact Business in Florida," Cer ty company to transact business	
Please	return all correspondence	concerning this matter to the	following:			ł
	Dennis Maloor	nian				
		N	ame of Person		<del></del>	1
	DWM Interests	s, LLC				
	Firm/Company					
	1450 Soapstone Road					
	Address					
	Gladwyne, PA 19035					
		City/S	tate and Zip Code			i
	dennism@realer	ı.com				1
		E-mail address: (to be used	d for future annual	report no	otification)	
For fur	ther information concerning	g this matter, please call:				
	Jack Weiner		215 at (	599-6		
	Name o	of Contact Person	Area Code		ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ution Section Building secutive Center Circle ssee, FL 32301	
Enclos	ed is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Certif of Status & Certified Copy	icate



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2017

DENNIS MALOOMIAN 1450 SOAPSTONE ROAD GLADWYNE, PA 19035

SUBJECT: DWM INTERESTS, LLC

Ref. Number: W17000079698

We have received your document for DWM INTERESTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00020273

2017 GET 26 PM 18: 3 L

	TION 605.0302. FLORIDA STATUTES, THE SINESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTED TO REGISTED	RA FOREIGN TIMITED TIABILITY
1 DWM Interests, LLC			1
	Limited Liability Company, must include "Lir	nited Liability Company," "L L.C," or "LLC.")	
		Florida. The alternate name must include "Limited Liabili	
	ame adopted for the purpose of transacting business in	3. 82-1549269	ry Company, Cr.C., or Li.C.)
2. Pennsylvania  (Jurisdiction under the law of what	nich foreign limited liability company is organized)		if applicable)
4.			
T	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S., to det	r to registration ) ermine penalty liability)	
5. 1450 Soapstone Road		6. 1450 Soapstone Road	
(Street Address of )	rincipal Office)	(Mailing Addres	2 2
Gladwyne, PA 19035	<u> </u>	Gladwyne, PA 19035	
-	·		
7 Name and street addres	s of Florida registered agent: (P.O. E	Boy NOT acceptable)	다. 다
<del></del>	Dennis Maloomian	indiacephable)	-tj
Name:	Denins Maioomian		- <u>-</u> <u>-</u>
Office Address:	311 Pilot Point Lane		÷
	Boca Grande	, Florida_33921	7
Registered agent's accep	(City)	(Zip code)	
and the state of the second of		i us registered ugent that ugree to uce to	this capacity. I further agree
to comply with the provisi	ions of all statutes relative to the props of my position as registered agent.	per and complete performance of my du	this capacity. I further agree ties, and I am familiar with
to comply with the provisi	ons of all statutes relative to the prop	per and complete performance of my du	this capacity. I further agree ties, and I am familiar with
to comply with the provisi and accept the obligation.  8. The name, title or capa	ions of all statutes relative to the props of my position as registered agent.  (Registered age	ner and complete performance of my du	this capacity. I further agree ties, and I am familiar with  Name and Address:
to comply with the provisi and accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	ons of all statutes relative to the props of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:	ner and complete performance of my du	ities, and I am familiar with
to comply with the provisi and accept the obligation.  8. The name, title or capa	ions of all statutes relative to the project of my position as registered agent.  (Registered agent acity and address of the person(s) who	ner and complete performance of my du	ities, and I am familiar with
to comply with the provisi and accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent)	ohas/have authority to manage is/are:	ities, and I am familiar with
to comply with the provisi and accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent) (Registered a	ohas/have authority to manage is/are:	ities, and I am familiar with
to comply with the provisi and accept the obligation.  8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent)	ohas/have authority to manage is/are:	ities, and I am familiar with
to comply with the provision and accept the obligation.  8. The name, title or capa Title or Capacity:  Manager	(Registered agent.  (Regis	ohas/have authority to manage is/are:	ities, and I am familiar with
to comply with the provisu and accept the obligation.  8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces	(Registered agent.  (Regis	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
to comply with the provise and accept the obligation.  8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	(Registered agent.  (Pagent.  (Agent.)  (Registered agent.  (Pagent.)  (Registered agent.  (Agent.)  (Registered agent.  (Registered agent.  (Pagent.)  (Registered agent.  (Agent.)  (Registered agent.  (Agent.)  (Registered agent.  (Registered agent.  (Agent.)  (Registered agent.  (Agent.)  (Age	ohas/have authority to manage is/are:	Name and Address:
8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is executed.	(Registered agent.  Name and Address:  1450 Soapstone Road  Gladwyne, PA 19035  Dennis Malonnia  sary)  of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0 of the Department of State constitutes and the properties of the department of State constitutes and the properties of the person of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the properties of the department of the properties of	has/have authority to manage is/are:  Title or Capacity:  Id, duly authenticated by the official have cate is in a foreign language, a translation of the degree felony as provided for in s.	Name and Address:  ing custody of records in the n of the certificate under oath that any false information
8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is executed.	(Registered agent.  Name and Address:  1450 Soapstone Road  Gladwyne, PA 19035  Dennis Malonnia  sary)  of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0 of the Department of State constitutes and the properties of the department of State constitutes and the properties of the person of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the department of State constitutes and the properties of the properties of the department of the properties of	has/have authority to manage is/are:  Title or Capacity:  Id, duly authenticated by the official have cate is in a foreign language, a translation third degree felony as provided for in science of an authorized person	Name and Address:  Ing custody of records in the nof the certificate under oath that any false information

Typed or printed name of signee

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/03/2017

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

I DO HEREBY CERTIFY THAT,

DWM Interests, 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: TSC171003111037-1

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