

11-1000009950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

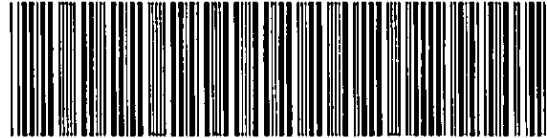
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOOK'S MOBILE RV SERVICE REPAIR 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:

PAUL C. SHOOK
Name of Person

SHOOK'S MOBILE RV SERVICE REPAIR LLC
Firm/Company

1990 HENDERSON AVE
Address

WASHINGTON PA. 15301
City/State and Zip Code

WWW.SHOOKSMOBILERV@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL SHOOK at 724, 678-9901
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. SHOOK'S MOBILE RV SERVICE REPAIR LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WASHINGTON PA. 15301

(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN# 82-2929007

(FEI number, if applicable)

4. 12-4-17

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1990 HENDERSON AVE.

(Street Address of Principal Office)

WASHINGTON PA. 15301

6. PAUL SHOOK

(Mailing Address)

1990 HENDERSON AVE

WASHINGTON PA. 15301

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

Name:

PAUL SHOOK

Office Address:

PIONEER VILLAGE 17200 PIONEER ST. ML 13

NORTH FORT MYERS

(City)

Florida

33917

(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.

Paul C Shook

(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:

OWNER / PARTNER

PAUL SHOOK

1990 HENDERSON AVE

WASHINGTON PA 15301

(Use attachments if necessary)

9. 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 of the translator must be submitted)

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

Paul C Shook

Signature of an authorized person

PAUL C. SHOOK

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/17/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Shook's Mobile RV Service Repair 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

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC171117161661-1

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