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(Re	questor's Name)			
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Franjo Builde			
	Name of	Limited Liability Compa	ny
			Transact Business in Florida," Certificate billity company to transact business in Floric
Please return all corresponde	nce concerning this matter to the	e following:	
Frank L	-		
		Same of Person	
Franjo E	Builders LLC		
	i:	irm/Company	
335 E. 7	th Ave		
 -		Address	
Homestea	ad PA 15120		
	City/S	State and Zip Code	
rderek@fra	injoconstruction.com E-mail address; (to be use	of for future annual caracr	notification
		ed for faque annual report	Houncation
For further information conce	erning this matter, please call:		
Raquel Derek		a _{1 (} 412 ₎ 53	0-2210
Na	me of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions	Divis Regis Clifte 2661	EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301
Enclosed is a check for the fo □ \$125,00 Filing Fo		S155.00 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:

Franjo Builders LLC (Name of Fore	eign Lunited Liability Company; must include "Limited Liab	bility Company," "L.L.C.," or	'LLC.")		_
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting busines " or "LLC.")	s in Florida. The alternate nam	e must in	rlude "I	Limited
2. Pennsylvania	3. 82-4155704				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4		_			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) e penalty liability)			
5. 335 E. 7th Ave					
Homestead PA 1512	0				
	(Street Address of Principal Office)		-		
6. 335 E. 7th Ave					
Homestead PA15120)				
	(Mailing Address)	•			
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> accept	able)			
Name:	Registered Agents Inc.	_			
Office Address:	3030 N. Rocky Point Dr. STE 150A	-			
	Tampa	, Florida <u>33607</u>	•	~ 8	
Danierania annate nana	(City)	(Zip code)	-	(1) (1) (1)	
designated in this applica to complywith the provision	vance: gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered a ons of all statutes relative to the proper and complete my position as registered agent.	gent and agree to act in this	capacii	y. I fu n fai ni Mo	rther agree
	Bill Hame	_	<u></u>	6.1	
	(Registered agent's signature)		; ••		
8. The name, title or capa	icity and address of the person(s) who has/have author	ity to manage is/are:			
Frank Leonello, Par	tner, 335 E. 7th Ave Homestead PA 1512	20			
				_	
				=	
				-	
	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreignbring)				
	Signature of an authorized person	1			

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.

FRANK LEWEWO

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/13/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Franjo Builders 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.

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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

Acting Secretary of the Commonwealth

Certification Number: TSC180213110707-1

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