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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Foreign Limited Liability Company Tri-State Paralegal Service, LLC

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

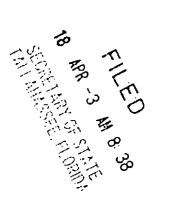
IN COMPLANCE WITH SECTION 605,0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tri-State Paralega	al Service TTC		
Name of	Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC	")
If name unavailable, em liability Company," "L.	ter alternate name adopted for the purpose of transa L.C," or "LLC.")	cting business in Florida. The alternate name mu	ist include "Limited
Pennsylvania		/A	
company is organize	law of which foreign limited liability d)	(FEI number, if applicable)	
. <u>N/A</u>	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F.S	ida, if prior to registration.)	
355 Fifth Ave #6	18, Pittsburgh, PA 15222	, , , , , , , , , , , , , , , , , , , ,	_
. 333 (110) 510 # 0	10,111000019.11,177.10222		-1.51 6
	<u> </u>	N. C	高 五 九
	(Street Address of Principal C	Jince)	
355 Fifth Ave #61	18, Pittsburgh, PA 15222		TILE CHARLES
, and the second			
	(Mailing Address)		
7. Name and street ac	ddress of Florida registered agent: (P.O. Box	NOT acceptable)	3 M 8 38
Name:	Registered Agents Inc.		<u> </u>
Office Addre	ess: 3030 N. Rocky Point Dr. STE	150A	
	Татра	. Florida 33607	
	(City)	Florida 33607 (Zip code)	
designated in this app to complywith the pr	as registered agent and to accept service of pr plication, I hereby accept the appointment as ovisions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in this ca	pacity. I further agree
1	But H (Registered agen	:	
1	(Registered agen	t's signature)	
8. The name, title or	r capacity and address of the person(s) who has	s/have authority to manage is/are:	
Esther Franklin,	Member, 355 Fifth Ave #618, Pitts	burgh, PA 15222	
9. Attached is a certifurisdiction under the of the translator must	ficate of existence, no more than 90 days old, de law of which it is organized. (If the certificate the submitted)	inly authenticated by the official having cust is in a foreign language, a translation of the	ody of records in the certificate under oath
	Signature of an util	an man of the second	on in Comments of
This document is exe submitted in a docum	ecuted in accordance with section 605,0203 (1) nent to the Department of State constitutes a thin	(b), Florida Statutes. I am aware that any fal rd degree felony as provided for in s.817.15;	se information 5, F.S.
	Riley Park		

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/30/2018



TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

IDO HEREBY CERTIFY THAT,

Tri-State Paralegal Service, 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.

LOO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

CONTROL CONTRO

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: TSC180330090317-1

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