

4/3/2018

Division of Corporations

Florida Department of State  
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To:  
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Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : T200900000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

Foreign Limited Liability Company  
Tri-State Paralegal Service, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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K. SALY

APR 4 2018

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Help

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. Tri-State Paralegal Service, 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. Pennsylvania

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

3. N/A

(FEI number, if applicable)

4. N/A

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

5. 355 Fifth Ave #618, Pittsburgh, PA 15222

(Street Address of Principal Office)

6. 355 Fifth Ave #618, Pittsburgh, PA 15222

(Mailing Address)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607  
(City) (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.*

Belle Hume

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Esther Franklin, Member, 355 Fifth Ave #618, Pittsburgh, PA 15222

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)

Riley Park

Signature of an authorized person

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.

Riley Park

Typed or printed name of signee

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SECRETARY OF STATE  
TAMPA, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

03/30/2018

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18 APR -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO 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.

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: TSC180330090317-1

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