

MI 8000005273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

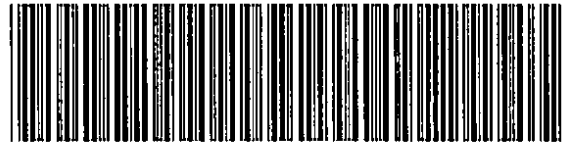
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Prodrigo spoke to on 6/5/18
for title stated he's controller

PA Sign W18-42781

Office Use Only



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JUN 05 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

RODRIGO DE GUZMAN
9 LACRUE AVE, STE 108
GLEN MILLS, PA 19342

SUBJECT: RECOVERY PUMP, LLC
Ref. Number: W18000042781

We have received your document for RECOVERY PUMP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00011635



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2018

RODRIGO DE GUZMAN
9 LACRUE AVE, STE 108
GLEN MILLS, PA 19342

SUBJECT: RECOVERY PUMP, LLC
Ref. Number: W18000042781

We have received your document for RECOVERY PUMP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00009479

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 MAY 21 PM 4:00

RECEIVED

41

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RECOVERY PUMP, 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:

RODRIGO DE GUZMAN

Name of Person

RECOVERY PUMP LLC

Firm/Company

9 LACRUE AVENUE SUITE 108

Address

GLEN MILLS, PA 19342

City/State and Zip Code

ADMIN@RPSPORTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODRIGO DE GUZMAN

484

589-5042

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6227
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. RECOVERY PUMP, 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. 27-2244227

(F.E.I. number, if applicable)

4. JANUARY 3, 2018

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

5. 9 LACRUE AVENUE SUITE 108

(Street Address of Principal Office)

GLEN MILLS, PA 19342

6. 9 LACRUE AVENUE SUITE 108

(Mailing Address)

GLEN MILLS, PA 19342

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

Name: INCorp SERVICES, INC.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470

(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.

Janice Null on behalf of InCorp Services, Inc.

(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:

Steve Kantor, Member

358 High Ridge Rd

Chadds Ford, PA 19317

Brian Carberry, Presi

3017 6th Avenue

Fort Worth, TX 76110

Rodrigo De Guzman,

Controller

2035 Maple Avenue

Haddon Heights, NJ 08035

(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.

Rodrigo De Guzman
(Signature of an authorized person)

Rodrigo De Guzman

(Typed or printed name of signer)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

04/30/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Recovery Pump, 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: TSC180430162314-1

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