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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SF HULING 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:

Steven Huling
Name of Person

SF Huling LLC
Firm/Company

29129 Johnston Rd Lot 16-33
Address

Dade City FL 33523
City/State and Zip Code

Steve.huling@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Huling at (570) 772-2721
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SF HULING 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 3. 4109439
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. May 16th 2012
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

5. 6 Valley View Dr 6. 6 Valley View Dr
(Street Address of Principal Office) (Mailing Address)

Jersey Shore PA 17740 Jersey Shore PA 17740

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

Name: Steve Huling

Office Address: 29129 Johnston Rd 16-33

Dade City, Florida 33523
(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.

Steve Huling
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager Name: Steve Huling
☐ Member Address: 29129 Johnston Rd
☐ Authorized Dade City FL 33523
Person 16-33
☐ Other _____ ☐ Other _____

Title or Capacity:

Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Jenifer Lamphere
☐ Member Address: 29129 Johnston Rd 16-33
☐ Authorized Dade City FL 33523
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Steven Huling
Signature of an authorized person

Steven Huling
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

S F Huling, LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4109439

DIETER, DENISE L
227 ALLEGHENY ST.
JERSEY SHORE, PA 17740

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name		
Denise L. Dieter, Esq.		
Address		
227 Allegheny Street		
City	State	Zip Code
Jersey Shore	PA	17740

Document will be returned to the
name and address you enter to
the left.



Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125



In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):

S F Huling, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
6 Valley View Drive	Jersey Shore	PA	17740	Lycoming

(b) Name of Commercial Registered Office Provider	County
c/o:	

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
Steven F. Huling	6 Valley View Drive, Jersey Shore PA 17740

Dept. of State

MAY 16 2012

4. Strike out if inapplicable term

~~XX~~

5. Strike out if inapplicable:

~~XX~~

6. The specified effective date, if any is: Upon filing
month date year hour, if any

7. Strike out if inapplicable: ~~The undersigned hereby certifies that the following~~
~~XX~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this

14th day of May 2012

SF Huling
Signature

Signature

Signature

Commonwealth of Pennsylvania

Office of Attorney General

THIS IS TO CERTIFY THAT

SF HULING, LLC
6 VALLEY VIEW DR
JERSEY SHORE PA 17740


HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

8/3/2019

VALID UNTIL

PA048352
REGISTRATION NUMBER


SIGNATURE OF REGISTRATION CERTIFICATE HOLDER


JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL