Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000026162 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

.0:

Division of Corporations

Fax Number : 18501617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : [19990000242

Phone : (215)563-8113

Fax Number : (215) 977-9386

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

Email Address:

Foreign Limited Liability Company ACCU-TRADE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

V HERRING JAN 23 2019

Electronic Filing Menu Corporate Filing Menu

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 COMPANYTU TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

1. ACCU-TRADE, LLC (Name of Foreign	Limited Liability Company, must include "Limita	d Liability	Company, L.L.C., or "I	LLC")	-	
(If name unavailable, enter atternate of	ame adopted for the purpose of transacting business in Flo	orada. The all	omate name must include "I im	sted Lasbility Compan	y," "1- L-C,"	or -U.C
Delaware 2 (hunsdiction under the law of w	tuch foreign limited trability company is organized)	3	(F	Et number, il applicat	sic)	
4	(Date first transacted business in Florida, if prior to (See sections 505 0904 & 605 0905, F.S. to determ	registration		<u> </u>	2019	
[373 Lancaster Road 5		une penalty li	1373 Lancaster Road		人為	
(Sircet Address of Manheim, PA 17545	Principal Office)		Manheim, PA 17545	Address Co	22 PM	LED
				FLORE	2: 1	
7. Name and street address	as of Florida registered agent: (PO Bo	c <u>NOT</u> a	eceptable)	***	. 09	
Name	W Bradley Munroe, Esquire					
Office Address	239 East Virginia Street					
	Tallahassee (C-ty)		3230 , Florida	(Zup ende)		

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.

(Augistic storic) passed

From: M. BURR KEIM CO.

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:	Title or Capacity:	Name and Address:
Manager	Name James R Sibel	Manager	Name Robert M. Hollenshead
Member	Address:	Member	Address: 1373 Lancaster Road
Authorized	Manheim, PA 17545	Authorized	Manheim, PA 17545
Person		Person	
Other	Other	Other	Other
Manager	Name	Manager	Name
Member	Address	Member	Address. 22
Authorized		Authorized	2.0
Person		Person	(S) 2 F
Other	Other	Other_	GOthern . C
Manager	Name.	Manager	Name:
Member	Address:	Member	Address
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

Important Nouce: 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 purisdiction 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.

	2
	Signature of an authorized person
James R. Sibel, Manager	
	Typed or printed name of tignee



To: 18506176383@rcfax.com Fax: (850) 617-6383

(((H190000261623)))

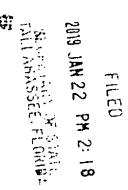
Page 1

01/22/2019 4:56 PM

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCU-TRADE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCU-TRADE, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7232292 8300 SR# 20190421464

You may verify this certificate online at corp delaware gov/authver.shtml

Authentication: 202122603

Date: 01-22-19