

M1900000032FB

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

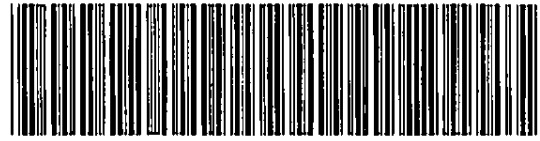
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400326811614

03/27/19--01015--035 **160.00

2019 MAR 27 PM 4:08

SECRET

42-19 BX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piedmont Managed Services, 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:

Derek Gleason

Name of Person

Piedmont Managed Services, LLC

Firm/Company

P.O. Box 126

Address

Lakewood, PA 18439

City/State and Zip Code

Derek@PiedmontManaged.com

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

For further information concerning this matter, please call:

Derek Gleason

570

904-1215

at ()

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Piedmont Managed Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Piedmont Services, 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.
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 110 Greenhill Road
(Street Address of Principal Office)
6. P.O. Box 126
(Mailing Address)

Springfield, PA 19064
Lakewood, PA 18439

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

Name: Matthew J. Meyer

Office Address: Ansa Assuncao I.I.P 100 South Ashley Drive Suite 1740

Tampa, Florida 33602
(City) (Zip code)

9/19/08 12:27 PM
STATIONER
FULL

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.

[Signature]
(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: Manager **Name and Address:** Name: Jeff Adams
 Member Address: 110 Greenhill Road
 Authorized Springfield, PA 19064
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Brandon Flynn
 Member Address: 362 Woods Road
 Authorized Lakewood, PA 18439
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: Derek Gleason
 Member Address: P.O. Box 126
 Authorized Lakewood, PA 18439
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: Rosanna Misura
 Member Address: P.O. Box 126
 Authorized Lakewood, PA 18439
 Person _____
 Other _____ Other _____

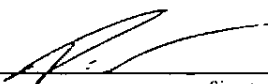
Manager **Name and Address:** Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager **Name and Address:** 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.



 Signature of an authorized person

Derek Gleason

 Typed or printed name of signee

RECEIVED
 SEP 27 11 41 AM '08
 P.14:08

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/20/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Piedmont Managed Services 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

Katly Bockman

Acting Secretary of the Commonwealth

Certification Number: TSC190320131434-1

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