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TO:

Registration Section Division of Corporations

SUBJECT:	SHAMFL-JUPITERSQUARE, LLC	
30bJLC1	Name of Limited Liability Company	
	olication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C ck are submitted to register the above referenced foreign limited liability company to transact busines	
Please return all	orrespondence concerning this matter to the following:	
	Stacie R. Heinen, Corporate Paralegal	
	Name of Person	
	Fitzpatrick Lentz & Bubba, P.C.	
	Firm/Company 55 2	
	Firm/Company 4001 Schoolhouse Lane, PO Box 219	-:
	Address $\frac{1}{20}$ $\frac{1}{20}$ $\frac{1}{20}$. -
	Center Valley, PA 18034	
	City/State and Zip Code	ur *
	lisa@blackduckpandora.com	
For further infor	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:	
	H. Penske 610 909-9393	
*************	Name of Contact Person Area Code Daytime Telephone Number	
Division Registra P.O. Bo	G ADDRESS: of Corporations on Section 6327 ce, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following amount: the check payable to: FLORIDA DEPARTMENT OF STATE	
_	.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fe Certificate of Status Certified Copy of Status & Certified	

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:

SHAMFL-JUPITERSQ							
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability	Company," "L. L. C.," or "l	.LC ")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The al	ternate name must include "Limi	ted Liability Compar	ny.""LLC	2." or "E.L.C "	
Pennsylvania		3					
2. (Jurisdiction under the law of which foreign limited liability company is organ		٥.	(F)	(FEI number, if applicable)			
4.				- -1	2(
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration inc penalty) iability)	EC)19}		
12 E. Market Street 5.		6.	164 Via Vera Cruz	至2000年	2019 HAY 3	i ;	
(Street Address of F	tincipal Office)	•	(Maih.	ng Address)		1	
Bethlehem, PA 18018			Jupiter, FL 33458		PH	() () () () () () () ()	
				027.1 027.1	<u> </u>		
				<u> </u>			
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	c <u>NOT</u> a	cceptable)				
Name:	Paula Delgado	<u></u>					
Office Address:	601 Heritage Drive, Suite 225						
	Jupiter		33458 . Florida	3			
	(City)			(lip 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.

(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: Title or Capacity: Name and Address: Name: BDG SHAM Group, LLC Name: BDG SHAMFL, LP ■ Manager Manager Manager Address: ___ 12 E. Market Street Address: __ 12 E. Market Street ☐ Member Member Bethlehem, PA 18018 Bethlehem, PA 18018 Authorized Authorized Person Person Other___ Other___ Other Other Manager Name: _____ Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other_ Other_ Other ■ Manager Name: Manager | Name: Member Address: Member Address: Authorized Authorized Person Person Other Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. gnature of an authorized person

Lisa Penske Jensen

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/29/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

SHAMFL-JUPITERSQUARE, 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.

THE COARD WIE NOT THE COARD OF THE COARD OF

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

Acting Secretary of the Commonwealth

Certification Number: TSC190529100532-1

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