

M1900000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

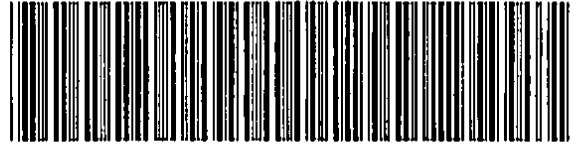
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/31/19--01011--028 \*\*125.00

FILED  
2019 MAY 31 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SCOTT  
JUN 11 2019

✓

**Richboro-Gelt Partners, LLC**  
**5300 W. Atlantic Avenue**  
**Suite 205**  
**Boca Raton, FL 33431-4559**  
**561-221-0900 ext 107 (P)      561-425-7424(F)**

**May 28, 2019**

**Richboro – Gelt Partners, LLC**  
**Document Filing #L19000112350**  
**– Domestic Filing error- Need to Qualify for Foreign Filing**

**(Enclosures for Foreign Filing of Richboro – Gelt Partners, LLC)**

To Division of Corporations- Registration Section,

We are the original owners of Richboro-Gelt Partners, LLC. We have no intension of reinstating this Domestic Florida LLC. Filing Document # L19000112350.

We want to qualify this name Richboro-Gelt Partners, LLC as a foreign LLC. Enclosed please find \$125.00 Filing Fee, Pennsylvania Certificate of Good standing, the cover letter and Florida application by Foreign LLC for authorization to transact business in Florida.

Please contact Hollie Cooper (ext 107) at [hcooper@geltfinancial.com](mailto:hcooper@geltfinancial.com) , or myself, Jack Miller (ext238) at [jackmiller@geltfinancial.com](mailto:jackmiller@geltfinancial.com) should you have questions, or need additional information.

It would be greatly appreciated if you would process this at your earliest convenience.

Thank you,

  
Jack Miller  
Managing Member  
Richboro – Gelt Partners, LLC

2019 MAY 31 4:40  
RECEIVED  
TALLAHASSEE  
FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RICHBORO - GELT PARTNERS, 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:

H JACK MILLER

Name of Person

RICHBORO - GELT PARTNERS, LLC

Firm/Company

5300 W. ATLANTIC AVE SUITE 205

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

JACKMILLER@GELTFINANCIAL.COM

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

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2019 MAY 31 PM 4:40  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

For further information concerning this matter, please call:

HOLLIE COOPER

561

221-0900 EXT 107

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. RICHBORO - GELT PARTNERS, 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. 36-4645793  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5300 W. ATLANTIC AVENUE 6. 5300 ATLANTIC AVENUE  
(Street Address of Principal Office) (Mailing Address)

SUITE 205 SUITE 205

DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484

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

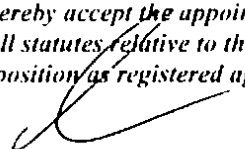
Name: H JACK MILLER

Office Address: 5300 W. ATLANTIC AVE. SUITE 205

DELRAY BEACH, Florida 33484  
(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.*

X   
(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: H JACK MILER

☐ Member Address: 5300 W. ATLANTIC AVE

☐ Authorized SUITE 205

Person DELRAY BEACH, FL 33484

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ 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.

X \_\_\_\_\_  
Signature of an authorized person

H JACK MILLER

\_\_\_\_\_  
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

05/24/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Richboro - Gelt Partners, 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 Bookman*

Acting Secretary of the Commonwealth

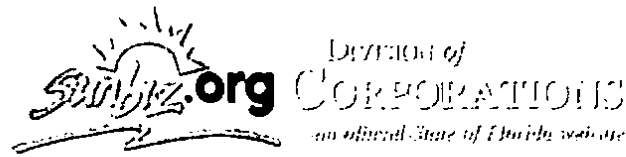
Certification Number: TSC190524161202-1

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

RECEIVED  
TALLAHASSEE, FLORIDA

2019 MAY 31 PM 4:42

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## Florida Limited Liability Corporation Dissolution Filing Payment

**Document Number:** L19000112350

**RICHBORO - GELT PARTNERS, LLC**

Thank you for filing your Florida Limited Liability Corporation Dissolution online. Your document filed date will be today's date if there are no processing errors.

Your confirmation/tracking number is **600330076876**.

Your charge amount is **\$25**.

[File another Florida Limited Liability Corporation Dissolution](#)

[File a different document](#)