

AUG 26 2019

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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 FLORIDA1 Eleven Cobia, 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
(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)5 243 E. Winona Avenue
(Street Address of Principal Office)6 243 E. Winona Avenue
(Mailing Address)

Norwood, PA 19074

Norwood, PA 19074

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

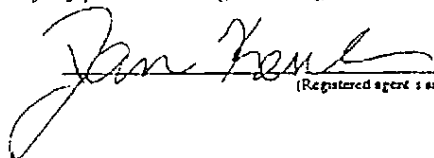
Name James Kessler

Office Address 75 Cobia Street

Destin 32541
(City) , Florida (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.


(Registered agent's signature)

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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 James Kessler

☒ Member Address 243 E. Winona Avenue

☐ Authorized Norwood, PA 19074

Person _____

☐ 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 _____

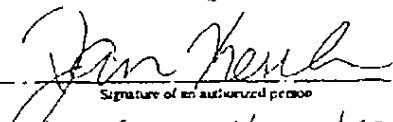
Person _____

☐ Other _____ ☐ Other _____

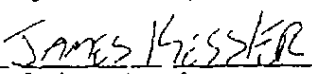
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Signature of an authorized person

James Kessler, Member


 Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/23/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT.

Eleven Cobia, 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

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190823090204-1

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

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