

**MAILED**

Florida Department of State  
Division of Corporations  
Electronic Filings

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.

((H19000293419 3)))



H190002934193ABC5

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

2019 OCT -2 PM 4:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
BARNES STREET, LLC**

2019 OCT -2 PM 12:01

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

Y SCOTT  
OCT 03 2019



(( (H190002934193) ))

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 BARNES STREET, 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 (Filing 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 38 West Market Street
(Street Address of Principal Office)

6 38 West Market Street
(Mailing Address)

Bethlehem, PA 18018

Bethlehem, PA 18018

FILED
2019 OCT -2 PM 1:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Name James Celotto

Office Address 37 Columbia Court

Deerfield Beach, Florida 33442
(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.

James Celotto
(Registered Agent's signature)

(( (H190002934193) ))

(( (H190002934193) ))

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 Celotto

Member                      Address 37 Columbia Court

Authorized                      Deerfield Beach, FL 33442

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 \_\_\_\_\_

Manager                      Name \_\_\_\_\_

Member                      Address \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name \_\_\_\_\_

Member                      Address \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

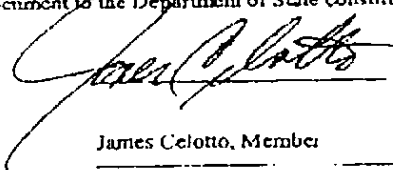
Other \_\_\_\_\_                       Other \_\_\_\_\_

FILED  
 2019 OCT -2 PM 4:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 Celotto, Member  
 \_\_\_\_\_  
 Typed or printed name of signer

(( (H190002934193) ))

((H190002934193))

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/02/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BARNES STREET, 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.

FILED  
2019 OCT - 2 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 TSC191002090271-1

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

((H190002934193))