

M20000003069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

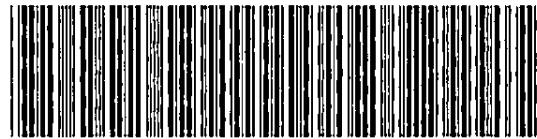
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20 MAR 16 AM 12:08

LAMCO, LLC
253 Fairway Drive
Warminster, PA 18974

Paul K. Luff

Cell 215 801 9994 Fax 215 672 8179
e-mail: pkhluff@lamco.ws



Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

March 13, 2020

Re: Registration of Foreign LLC

Please find attached the application and fee for the registration of our PA LLC in Florida.

Thank you for your help in getting this processed. We anticipate doing business in Florida for many years to come.

If there are any questions, please reach out to me at the above contact information.

A large, stylized handwritten signature in black ink, appearing to read 'Paul K. Luff'. The signature is written over the printed name and title.

Paul K. Luff
Managing Member

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20 MAR 16 AM 12:08
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMCO, 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:

Paul K. Luff

Name of Person

LAMCO, LLC

Firm/Company

253 Fairway Drive

Address

Warminster, PA 18974

City/State and Zip Code

pkluff@lamco.ws

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

For further information concerning this matter, please call:

Paul Luff

215

801-9994

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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20 MAR 16 AM 12:08

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. LAMCO, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

LAMCO of PA, 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.")

Pennsylvania

23-3022317

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

N/A

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

253 Fairway Drive

253 Fairway Drive

5. (Street Address of Principal Office)

6. (Mailing Address)

Warminster, PA 18974

Warminster, PA 18974

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

Name: Perry J. DeSiato Jr.

Office Address: 816 Carrick Bend Circle #202

Naples

34110

(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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20 MAR 16 AM 12:08

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: Paul K. Luff

☐ Member Address: 253 Fairway Drive

☒ Authorized Warminster, PA 18974

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: Nan Z. Luff

☒ Member Address: 253 Fairway Drive

☒ Authorized Warminster, PA 18974

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

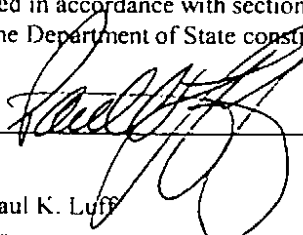
Person

☐ 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

Paul K. Luff

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

03/05/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LAMCO, 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

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC200305111356-1

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