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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

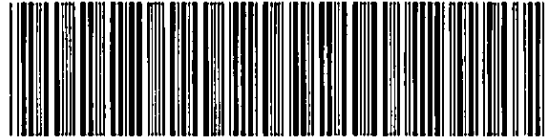
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/29/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shields Facilities Maintenance, 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:

Richard M. Grossman

Name of Person

Shields Facilities Maintenance, LLC

Firm/Company

1777 Sentry Parkway West, Bldg. 17, Suite 305

Address

Blue Bell, Pennsylvania 19422

City/State and Zip Code

rgrossman@shieldsfm.com

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

For further information concerning this matter, please call:

Bonnie B. Hill

888

965-8818 ext. 105

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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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. Shields Facilities Maintenance, 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. Delaware 35-2424001
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 27, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1777 Sentry Parkway West, Bldg. 17, Suite 305 1777 Snetry Parkway West, Bldg. 17, Suite 305
(Street Address of Principal Office) (Mailing Address)
Blue Bell, PA 19422 Blue Bell, PA 19422

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

Name: Corporate Access, Inc.
Office Address: 236 East 6th Avenue
Tallahassee, Florida 32303
(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.


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>David Gansky</u>	☐ Manager	Name: <u>Richard M. Grossman</u>
☒ Member	Address: <u>1777 Sentry Parkway W.</u>	☒ Member	Address: <u>1777 Sentry Parkway W.</u>
☐ Authorized	<u>Bldg. 17, Suite 305</u>	☐ Authorized	<u>Bldg. 17, Suite 305</u>
Person	<u>Blue Bell, PA 19422</u>	Person	<u>Blue Bell, PA 19422</u>
☐ 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. 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

Richard M. Grossman

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIELDS FACILITIES MAINTENANCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIELDS FACILITIES MAINTENANCE, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2020 APR 22 11:3:37



5055254 8300

SR# 20203142035

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202825606

Date: 04-24-20

State of Florida



Department of State

I certify from the records of this office that SHIELDS FACILITIES MAINTENANCE, LLC was a limited liability company organized under the laws of the State of Florida, filed on March 13, 2018, effective March 6, 2018.

The document number of this limited liability company is L18000065540.

I further certify that said limited liability company filed Articles of Dissolution on April 27, 2020.



CR2E022 (01-11)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of May, 2020

Laurel M. Lee
Laurel M. Lee
Secretary of State

2020 MAY 22 PM 3:37



June 15, 2020

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

I, Richard M. Grossman, am the Authorized Person of Shields Facilities Maintenance, LLC a limited liability company duly organized and existing under the laws of the State of Delaware. Attached is a copy of the filed Articles of Dissolution on April 27, 2020 for the company Shields Facilities Maintenance, LLC that was erroneously registered as a limited liability company organized under the laws of the State of Florida on March 13, 2018. The "domestic" LLC has no intention of revoking the dissolution. This letter is notification that the dissolved "LLC" will allow the registration of Shields Facilities Maintenance, LLC as a foreign limited liability company to adopt this same name to transact business in Florida.

Thank you.

Respectfully Submitted,

A handwritten signature in black ink that reads 'Richard M. Grossman'.

Richard M. Grossman
Member
Shields Facilities Maintenance, LLC

2020 JUN 22 AM 3:37