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TALL CARREST TO SECULOR STATES OF THE SECULO

COVER LETTER

| ion by Foreign Limited Liability e submitted to register the above condence concerning this matter to Nelson E Design Group, LLC | Company for Authorization to Transact Business in Florida." Certi referenced foreign limited liability company to transact business in o the following: Name of Person | |
|---|---|--|
| Nelson | | |
| | | |
| E Design Group, LLC | | |
| E Design Group, LLC | | |
| | | |
| | Firm/Company | |
| V Market Street, Sutie 200 | | |
| | Address | |
| PA 17401 | | |
| C | City/State and Zip Code | |
| a@core-designgroup.com | | |
| E-mail address: (to be | e used for future annual report notification) | |
| concerning this matter, please cal | и: | |
| | 717 741-2046 at () | |
| Name of Contact Person | at () Area Code Daytime Telephone Number | |
| | Street Address: | |
| | Registration Section | |
| | Division of Corporations | |
| | The Centre of Tallahassee | |
| FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| | E-mail address: (to be concerning this matter, please call Name of Contact Person Section Corporations 627 | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUILS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

| 1. CORE Design Group, 1 | LLC | | |
|--|--|---|--|
| (Name of Foreign | Limited Linbility Company; must include "Limited L | iability Company," "L.L.C.," or "LLC.") | , |
| CORE 1 | DESIGN STUDIO LL | د | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in Florid | a. The alternate name must include "Limited I | Liability Company," "L.L.C," or "LLC." |
| Pennsylvania 2. | | 20-3260751 3. | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI mun | ober, (fapplicable) |
| 10/1 <i>/</i> 20 4. | | | |
| | (Date first transacted business in Florida, if prior to regi (See sections 605,0904 & 605,0905, F.S. to determine p | stration.) consity liability) | <u></u> |
| 155 W Market Street 5. (Street Address of Principal Office) | | 155 W Market Street 6. (Mailing Address) | |
| (once the design of the control of t | | (Mailing Address) | |
| Suite 200 | | Suite 200 | |
| York, PA 17401 | | York, PA 17401 | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box N | OT acceptable) | 1028 OC 500 800 F |
| Name: | Business Filings Incorporated | | 126 (\$%) |
| Office Address: | 1200 South Pine Island Road | | |
| | Plantation | 33324 Florida | <u>কুল</u> ন |
| | (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 accept the obligations of my position as registered agent.

allia Gauliana asst Secretary
(Regulated 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: | Title or Capacity: | | Name and Address: |
|--------------------|------------------------------|--------------------|----------|-------------------|
| □Manager | Name: Altonso P Vebares | □Manager | Name: | |
| ■Member | Address: 155 W Market Street | □Member | Address: | |
| □Authorized | Suite 200 | □Authorized | <u> </u> | |
| Person | York, PA 17401 | Person | | |
| Other | Other | Other | | Other |
| □Manager | Name: James Baumgarder | □Manager | Name: | |
| ■ Member | Address: 155 W Market Street | □Member | Address: | |
| □Authorized | Suite 200 | □Authorized | | |
| Person | York, PA 17401 | 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

Vicki Nelson



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/18/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CORE-DESIGN GROUP, 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

Secretary of the Commonwealth

Certification Number: TSC200918120896-1

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