

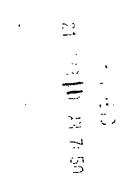
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## COVER LETTER

SBV Commonwealth LLC BJECT:		
	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busin	
se return all correspondence concerning this matter t	to the following:	
Robert Leonhard		
	Name of Person	
Open Esquire		
	Firm/Company	
322 North Shore Dr., Bld 1B SWE 20	()	
	Address	
Pittsburgh, PA 15212		
	City/State and Zip Code	
RDLeonhard@protonmail.com		
É-mail address: (to b	e used for future annual report notification)	
further information concerning this matter, please ca	dt:	
Robert Leonhard	724 249-4507	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	ranameer is says	



February 12, 2021

ROBERT LEONHARD 322 N SHORE DR BLD 1B STE 200 PITTSBURG, PA 15212

SUBJECT: SBV COMMONWEALTH LLC

Ref. Number: W21000019171

We have received your document for SBV COMMONWEALTH LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The prinicpal address must be a street address.,

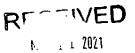
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 721A00003240





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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SBV Commonwealth L	.l.C					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.	," or "LLC.")			
(If name unavailable, enter alternate r	same adopted for the purpose of transacting business in F	lorida. The alternate name must me	hide "Limited Liabi	hty Compa	ny," "L.L.C	," or "LLC
Delaware 2		NA 3.				
(Jurisdiction under the law of w	hich foreign himited liability company is organized)	3	(FI;I number,	if applicab	le)	
NA 4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty hability)				
5701 Carder Rd		6. P.O. Box 4388	w)			
Orlando, FL 32810		Orlando, FL 328	802			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	<del></del>	***	01	
Name:	Isaac Lidsky					
Office Address:	5701 Carder Rd				J.	_
	Orlando		32810		7: 50	
	(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.

KE GOT KAN MARING 172 (SKI 1478)			
1	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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Isaac Lidsky Name: \_\_\_\_\_ Name: □Manager Manager P.O. Box 4388 Address: \_\_\_ □Member Address: □Member Orlando, FL 32802 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_ □Other\_ Name: \_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ □Member ■Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person Other\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □Manager □Manager □ 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. Nonindexed 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. have lidsky (Jan 21, 2021 14 45 85) Signature of an authorized person Isaac Lidsky

Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SBV COMMONWEALTH 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-FIFTH DAY OF JANUARY, A.D. 2021.



Authentication: 202363065

Date: 01-25-21