

M21000006871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

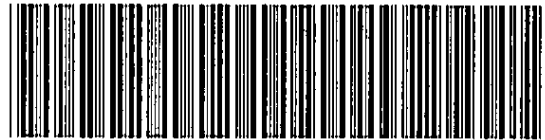
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/12/21--01012--023 \*\*125.00

2021 MAY 12 PM 1:00  
CLERK OF SUPERIOR COURT  
JANUARY 30 STATE  
JANUARY 30 STATE  
JANUARY 30 STATE

FILED

JUN -8 2021

M. SOLOMON

LAW OFFICES

RICHARD G. HERNDON (1915-2003)  
R. CLARK MORTON (1929-2020)  
JUDITH A. HERNDON (1941-1980)  
WILLIAM J. YAEGER, JR.<sup>†</sup>  
ROBERT J. KRALL<sup>†</sup>

<sup>†</sup>ALSO ADMITTED IN OHIO  
<sup>†</sup>ALSO ADMITTED IN PA

**HERNDON & MORTON  
HERNDON & YAEGER**

83 EDGINGTON LANE

WHEELING, WEST VIRGINIA 26003-1541

HOLLY S. PLANINSKI<sup>†</sup>  
BENJAMIN M. COX<sup>†</sup>  
CHAD J. SHEPHERD  
JACQUELYN J. COWAN<sup>†</sup>  
RACHEL M. HEPP

TELEPHONE (304) 242-2300  
FAX (304) 243-0890

May 5, 2021

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

**RE: Cabbage Rose Properties, LLC**

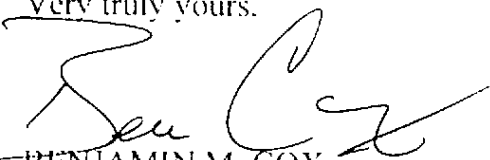
Dear Sir/Madam:

Enclosed for filing please find the following documents:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Pennsylvania Certificate of Good Standing of Cabbage Rose Properties, LLC; and
4. Check payable to Florida Department of State in the amount of \$125.00.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,



BENJAMIN M. COX

BMC/asd

Enclosures

cc: Ms. Becky Moyer (w/o encl.)

110022987.1

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABBAGE ROSE PROPERTIES, 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:

REBECCA L. MOYER

Name of Person

Firm/Company

153 RIFGON DRIVE

Address

CANONSBURG, PENNSYLVANIA 15317

City/State and Zip Code

CABBAGEROSEPROPERTIES@GMAIL.COM

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

FILED  
2024 MAY 12 PM 1:00  
CLERK OF THE  
SOLICITOR GENERAL  
STATE OF FLORIDA

For further information concerning this matter, please call:

REBECCA MOYER

412

370-9506

Name of Contact Person

at ( )

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

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. CABBAGE ROSE PROPERTIES 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.")

PENNSYLVANIA

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

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration )  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

153 RIFGON DRIVE

5. (Street Address of Principal Office)

153 RIFGON DRIVE

6. (Mailing Address)

CANONSBURG, PA 15317

CANONSBURG, PA 15317

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N Suite 300

St. Petersburg, Florida 33702  
(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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 12 PM 1:01

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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]:

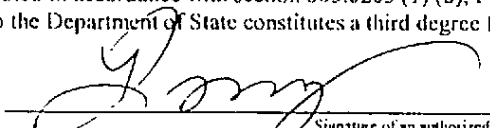
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: REBECCA L. MOYER	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 153 RIFGON DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CANONSBURG, PA 15317	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED  
 2021 MAY 12 PM 1:01  
 CLERK OF STATE  
 OF 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  
 Rebecca L. Moyer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

04/15/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Cabbage Rose Properties 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

A handwritten signature in cursive script, reading "Veronica W. Desjardes".

Acting Secretary of the Commonwealth