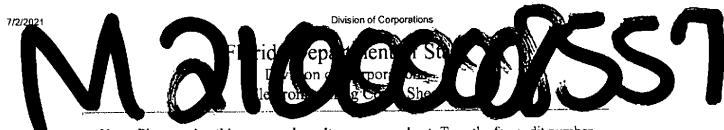
Page: 2 of 5

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From: James Tanks III



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (514)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		
EMALL AUGUESS.		

Foreign Limited Liability Company Carbon Hill Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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

Page: 3 of 5

Carbon Hill Properties LLC				
(Name of Foreign Linuted Liability Company; must include "Limited	d Liability	Company," *I.L.C.," or "LLC.")		
name to by filable, enter ahernate name adopted for the purpose of transacting business in Flo	urida. The al	terrate come must include "Limited Liability	Company," "1.1	. С." ы "{.
Pennsylvania	3.	86-3304768	·	292
(harisdiction under the law of which foreign limited hability conquany is organized)	٠.	(F14 number, 1/a	policable) ·	100
July 1, 2021				
(Date first transacted business in Florida, if prior to a (See sections 605.0304 & 505.0405, F.S. to determine	registration.) inc penulty h	ability)	, - ,	PH
405 North Highland Avenue	6.	05 North Highland Avenue	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	æ ယ
reat Address of Principal Office)	٠	(Mailing Address)	:	0
Merion Station, PA 19066	?	derion Station, PA 19066	, *	α

Registered agent's acceptance:

Office Address:

Name:

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.

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

C T Corporation System

1200 South Pine Island Road

/City)

Plantation

	C T Corporation System	
Ву:	/s/ Kathryn A. Widdoes	
	(Registered agent's signature)	

From: James Tanks III

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: Kami Smith	□Manager	Name:			
⊠ Member	Address: 405 North Highland Ave	∐Member	Address:		-	
□Authorized	Merion Station, PA 19066	□Authorized		***************************************		
Person		Person				-
□Other	Other	Other		ElOther		
					2021	
□Manager	Name: Thomas E. Shea, Esquire	□Manager	Name:			<u>F</u>
□Member	Address: Stern & Eisenberg PC	□Member	Address:		7	
	1581 Main Street, Suite 200	□Authorized		,,, ,, ,,,	P∺	; ; ;
Person	Warrington, PA 18976	Person		~:-} =	<u>မှ</u>	المت ا
□Other	□Other	[]Other		□Other	<u> </u>	 12.4 w.
□Manager	Name:	□Manager	Name:	·		
□Member	Address:	□Member	Address:			
□Authorized		□Authorized				
Person		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.

Signstage: of an authorized person

Thomas E. Shea, Esquire

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/01/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Carbon Hill 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 hereumo see my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210701162444-1

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