

M21000014588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

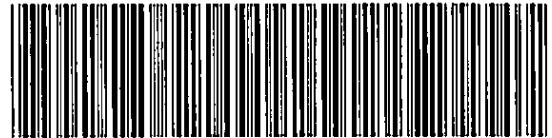
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV -2 PM 10:30

RECEIVED

2021 NOV -2 AM 11:48

S. FRANKLIN

NOV 03 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 181081 8335275

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 29, 2021

ORDER TIME : 8:29 AM

ORDER NO. : 181081-005

CUSTOMER NO: 8335275

2021 NOV -2 PM 4:30

FOREIGN FILINGS

NAME: BUTLER BUSINESS SYSTEMS, LLC

Effective date: 1/1/2022

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Butler Business Systems, 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:

James Luffy
Name of Person

Round 2 POS, Inc.
Firm/Company

~~1735~~ 101 TIMOTHY LANE
Address

BUTLER PA 16001
City/State and Zip Code

jim.luffy@r2pos.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Luffy at (724) 464-4590
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

2001 NOV -2 PM 4:31

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. Butler Business Systems LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 84-2312211
(FEI number, if applicable)

4. 1/1/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1735 NORTH MAIN ST, EXT.
(Street Address of Principal Office)

6. 1735 NORTH MAIN ST, EXT.
(Mailing Address)

BUTLER, PA 16001

BUTLER, PA 16001

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.

Corporation Service Company

By: Alexis Weibull, assistant vice president
(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]:

Title or Capacity:

Name and Address:

☐ Manager

Name: JOHN GILES

☒ Member

Address: 1735 N. MAIN ST., EXT.

☐ Authorized

BUTLER, PA 16001

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: KELLY GILES

☒ Member

Address: 1735 N. MAIN ST., EXT.

☐ Authorized

BUTLER, PA 16001

Person

☐ Other

☐ Other

☐ Manager

Name: JIM LUFFY

☐ Member

Address: 1735 N. MAIN ST., EXT.

☒ Authorized

BUTLER, PA 16001

Person

☐ Other

☐ Other

☐ Manager

Name: JESSE T. MCHA

☐ Member

Address: 1735 N. MAIN ST., EXT.

☒ Authorized

BUTLER, PA 16001

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

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.



Signature of an authorized person

JOHN GILES

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/01/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Butler Business Systems, 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. Desrosiers".

Acting Secretary of the Commonwealth

2021 NOV -2 PM 4:31

Certification Number: TSC211101100625-1

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