Fax: (850) 617-6383

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(((H21000466503 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email Address:\_\_\_

## Foreign Limited Liability Company MY FLYING LADY, LLC

<u>.</u>	Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

If name unavailable, enter alternate r	arms adopted for the purpose of transacting busing	ess in Florida. The alternate na	me must include	a "Limited Liability Com	pany," "LLC," or "LLC."	)
(huladajan under the law of w	Delaware	3	8	7-366177 (FEI number, if appl	2	
i.	December 1	1, 2021	·			
	(Date first tremacted business in Florida, i (See sections 605 0904 & 605,0905, F.S.)	I prior to registration.) to determine penalty liability)		•		
1320 Hui	ntsman Lane	6	1320	Huntsman (Mailing Address)	Lane	
Gladwyne, Per	nnsylvania 19035	<u>Gla</u>	dwyne,	Pennsylva	nia 19035	
7. Name and street addre	ss of Florida registered agent: (P.C		ble)		21 DEC 29 ECRETARY LL AHASSE	
Name: Office Address:	Registered Ag 7901 4th St. North				AM 10: 4 OF STATE E. FLORIE	כ
	St. Peters	burg	, Florida _	33702 (Zip code)	) <u>A</u>	
	otance: egistered agent and to accept serv				ty company at the conpacity. I furthe	

From: M. BURR KEIM CO

(((H210004665033)))

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: Dean S. Adler	Manager	Name: Wayne Recker
⊠Member	Address: 1320 Huntsman Lane	☐ Member	Address: 6106 Bear Creek Court
Authorized	Gładwyne, PA 19035	X Authorized	Lake Worth, FL 33467
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		☐ Authorized	
Person		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.

Steven C. Bravato, Authorized Person

Typed or printed name of signee

To:

·(((H210004665033)))



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MY FLYING LADY, 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-THIRD DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MY FLYING LADY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6411292 8300 5R# 20214203926

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205071476

Date: 12-23-21