M220006634

or's Name)				
)				
)				
re/Zip/Phone #)				
WAIT MAIL				
s Entity Name)				
nt Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600386007186



FILEO

022 APR 28 AH II : C

RECEIVED

T. LEMIEUX APR 29 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/28/2022

Da	ate:	04/28/2022	- w: DW
		Acc#I2016000007	4: () = V
Name:	Reeb Mil	work of Maryland, LL	С
Document #:			
Order #:	1382930		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination Number of Certs:	1:
Filing: 🚺	Certifi Plain: COGS	$\overline{\checkmark}$	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt: \$ 125.00 Thank you!	

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

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

(Name of Foreign I	land, LLC imited Liability Company; must include "Lim	ited Liability Company," "L.L.	.C.," or "LLC.")		
name unavailable, enter alternate na	ame adopted for the purpose of transacting business in	Florida. The alternate name must	include "Limited Liab	nlity Company," "L L C,"	or "L.L.C."
Maryland		_			
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3,	(Fiil number	; if applicable)	
	(Date first transacted business in Florida, if prior (See sections 605,0004 & 605,0005, F.S. to dete	to registration)			
1000 Maloney Circle, I	Bethlehem, PA 18015				
et Address of Principal Office)		6. (Mailing Add	dress)		
			Ġ	3 <u>2</u> 2	
			-	2 AP	
	-				
Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		ပို့ကုိ တ	ILED
Name:	C T Corporation System			AH II: 08	
Office Address:	1200 South Pine Island Road			·	
	Plantation	ri- :	33324		
	(City)	. Florid	(Zip code)		
esignated in this applicate comply with the provisi	tance: gistered agent and to accept service o tion, I hereby accept the appointmen ons of all statutes relative to the prop s of my position as registered agent.	of process for the above t as registered agent and oer and complete perfort	stated limited li Lagree to act in	i this capacity. If	furthe
11	C T Corporation Syste	m Januar Januar	•		
1;	(Registered ager	n's signature)		 sistant Secre	

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: Daniel Schaffer Name: Name: ______David Hillman Manager Address: __ Address: ___ 1000 Maloney Circle □Member □Member Bethlehem, PA 18015 Bethlehem, PA 18015 □ Authorized □ Authorized Person Person □Other ☐Other_____ □Other____ Other Name: Scott F, Kerr Name: Daniel M. O'Donnell ■Manager ■Manager Address: ____ Address: 1000 Maloney Circle □ Member □Member Bethlehem, PA 18015 Bethlehem, PA 18015 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ Other _____ □Manager Name: Name: _____ □Manager Address: _____ ☐Member □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. Signature of an authorized person Kimberly Bowens - Assistant Secretary

Typed or printed name of signee

DIRECTORS	<u>ADDRESS</u>
Glenn Novotny	1000 Maloney Circle, Bethlehem, PA 18015
Robert Godomski	1000 Maloney Circle, Bethlehem, PA 18015
Thomas Kerr	1000 Maloney Circle, Bethlehem, PA 18015
John Ruhle Jr.	1000 Maloney Circle, Bethlehem, PA 18015
John Kerr	1000 Maloney Circle, Bethlehem, PA 18015
Scott Kerr	1000 Maloney Circle, Bethlehem, PA 18015
Joshua Ruhle	1000 Maloney Circle, Bethlehem, PA 18015
Donald Houghton	1000 Maloney Circle, Bethlehem, PA 18015
David Haddix	1000 Maloney Circle, Bethlehem, PA 18015
Gary Moore	1000 Maloney Circle, Bethlehem, PA 18015

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE. IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT REEB MILLWORK OF MARYLAND, LLC (W22258503), REGISTERED OCTOBER 14, 2021, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 15, 2022.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: NaBBp2HamUe1V5RhKu79xA To verify the Authentication Code, visit http://dat.maryland.gov/verify