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### COVER LETTER

TO:	Registration Section Division of Corporations	ı					
SHRJ	MANGAN MILLS R	EALTY, LLC					
Name of Limited Liability Company							
The er Existe	nclosed "Application by Fore ence, and check are submitted	ign Limited Liability Com to register the above refer	pany for Authoriza enced foreign limi	ation to Tran ted liability	sact Business in Florida, company to transact busi	" Certificate o ness in Florida	
Please	return all correspondence co	oncerning this matter to the	e following:				
	Bradley D. Brya	nt					
		N	lame of Person		so · ·	-	
	Bryant Law Offi	ce					
		F	irm/Company			-	
	4851 Tamiami T	4851 Tamiami Trail North, Suite 300					
	Address						
	Naples, FL 341	03					
	<del></del>	City/S	State and Zip Code	:		-	
	brad@btenaples.c	om					
		E-mail address: (to be use	ed for future annua	l report notif	ication)	-	
For fu	urther information concerning	this matter, please call:					
Bradley D. Bryant		239 at (	566-1001				
	Name of	Contact Person	Area Code	Dayti	me Telephone Number	-	
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the Please make check payab ☐ \$125.00 Filing Fee	ne following amount: le to: FLORIDA DEPAR  \$130.00 Filing Fee & Certificate of S	□ \$155.00 Fi		■ \$160.00 Filing Fee of Status & Ce		

### 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:

or the purpose of transacting business in Florida  mited liability company is organized)  t transacted business in Florida, if prior to registions 605 0904 & 605 0905, F.S. to determine per	The alternate name must include "Limited Liabil 3. (FEI number,	
NA		if applicable)
NA		ıf applicable)
t transacted business in Florida, if prior to registions 605 0904 & 605,0905, F.S. to determine per	ration )	
t transacted business in Florida, if prior to registions 605 0904 & 605,0905, F.S. to determine per	rn(um )	
	nalty liability)	
	837 Cherry Street	
<del></del>	6. (Mailing Address)	
	Avoca, PA 18641	
<del></del>		
a registered agent: (P.O. Box <u>NC</u> D. Bryant, Esquire		2022 AL
niami Trail North. Suite 300		ः <u>त</u> न
	34103 , Florida	I PH
(City)	(Zip code)	- 25× <del>1</del> :
eby accept the appointment as restatutes relative to the proper and sition as registered agent.	gistered agent and agree to act in decomplete performance of my dui	this capacity. I further a
•	reby accept the appointment as restautes relative to the proper an estition as registered agent.	

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: Robert G. Mills	Manager	Name: Maureen Mangan Mills
□Member	Address: 837 Cherry Street	□Member	Address: 837 Cherry Street
□Authorized	Avoca, PA 18641	□Authorized	Avoca, PA 18641
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<del></del>
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	-	□Authorized	
Person	- Start	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 fellowy as provided for in s.817.155. F.S.

Signature of an authory ed perso

vped or printed name of signee



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 07/19/2022

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### MANGAN MILLS REALTY, 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.

THE CONTROL OF THE CO

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

Acting Secretary of the Commonwealth

Certification Number: TSC220719121249-1

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