

M22000013463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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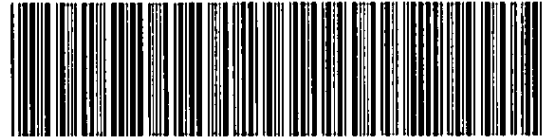
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CLERK OF SUPERIOR COURT

2022 AUG 25 AM 11:32

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AUG 29 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY/MAX SETTLEMENT SERVICES, 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:

JEFF REED

Name of Person

KEY/MAX SETTLEMENT SERVICES, LLC

Firm/Company

200 CORPORATE CENTER DRIVE

Address

MOON TWP., PA 15108

City/State and Zip Code

INFO@KEYMAXSETTLEMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF REED

724

933-6330

at ()

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

RECEIVED
DIVISION OF CORPORATIONS
AUG 25 2009

2009 AUG 25 AM 11:32

FILED

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. KEY/MAX SETTLEMENT SERVICES, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC")

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

3. 20-0933104
(FEI number, if applicable)

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

5. 200 COPORATE CENTER DR., STE 110
(Street Address of Principal Office)

6. 200 CORPORATE CENTER DR., STE 110
(Mailing Address)

MOON TWP., PA 15108

MOON TWP., PA 15108

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

Name: Registered Agents, Inc.

Office Address: 7901 4th Street North, Ste. 300

St. Petersburg, Florida 33702
(City) (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.

Bill Hume
(Registered agent's signature)

FILED
2022 AUG 25 AM 11:33
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HAMILTON
STATE OF FLORIDA

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: ED RAE

☒ Member Address: 1667 Rte. 228

☐ Authorized Cranberry Twp., PA 16066

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: JEFFREY REED

☐ Member Address: 1127 CORPORATION ST.

☐ Authorized BEAVER, PA 15009

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: CHRIS MURPHY

☒ Member Address: 1667 Rte. 228

☐ Authorized Cranberry Twp., PA 16066

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

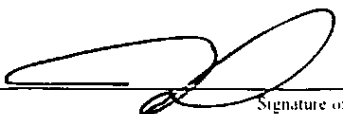
Person _____

☐ 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

JEFFREY REED

Typed or printed name of signee

FILED
2020 AUG 25 AM 11:33
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/24/2022

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

KEY/MAX SETTLEMENT SERVICES, 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

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220824161914-1

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