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(Address)				
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(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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S. FRANKLIN

COVER LETTER

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Registration Section Division of Corporations

TO:

UBJECT:TGM RESTORATION LLC				
Name of Limited Liability Company				
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida.			
lease return all correspondence concerning this matter to the following:				
MARIANNE JENKINS - WRAMBEL Name of Person				
ivame of rerson				
TGM RESTORATION LLC Firm/Company				
1479 CONESTOGA ROAD Address				
CHESTER SPRINGS PA 19425 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
· · · · · · · · · · · · · · · · · · ·				
For further information concerning this matter, please call: Marianne Jenkins-Wrambelu (610) 633-4281 Name of Contact Person Area Code Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE 125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy of Status & Certified				

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

	ION 605.0902, FLORIDA STATUTES, TI SINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS	SUBMITTED TO REGISTER A FO	ORFIGN LIMITED LIABILITY
Name of Foreign L	TGM RESTORAT	ION LL Limited Liability Com	ipany," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate na	me adopted for the purpose of transacting busine	ss in Florida. The alterna	te name must include "Limited Liability Co	ompany," "L.L.C," or "ELC")
2. STATE OF (Jurisdiction under the law of whi	A ich foreign limited liability company is organized	<u>,</u> €3	84-51327 (FEI number, if app	37 heable)
4	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	orior to registration.)		
5. 4304 Fair Street Address of Principal Office)	view Avenue		1479 Conestage	a Rood
Newtown S	Square PA 19073		Chester Spring	5 PA 19425
				٠٠ <u>٠</u>
7. Name and street address	of Florida registered agent: (P.O	. Box <u>NOT</u> accep	otable)	P.1.4
Name:	SUSAN M.	PITTNE	R	H: 23
Office Address:	3724 EASY S	STREET	<u> </u>	
	PORT CHARLOTTE	<u>-</u> -	, Florida <u>33952</u> (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.

(Registered agents 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:	Title or Capacity:	Name and Address:
Manager	Name: Travis Wrambul	Manager	Name: Garrett Wrankel
Member	Address: 4304 Fairview Ave	Member	Address: 4304 Fairview Ave
Authorized	Newton-Sy, PA 19073	Authorized	Newton Sg, PA 1907
Person		Person	
□Other	Other	Other	Other
Manager	Name: Marianne Tenkins-Wiambel	Manager	Name: William Fouche
Member	Address: 4304 Fairview Ave.	Member	Address: 1707 Williamstown Ro
Authorized	Neurtonn Sq. PA 19073	Authorized	Anderson SC 2962
Person		Person	2877 (
□Other	Other	□Other	Other
			(1) TO
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<u> </u>	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.

Marianue Jenkins-Wrambel

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/03/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TGM RESTORATION 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.

SECRETAL SEC

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: TSC221003100348-1

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