# M22000015983

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	<del></del>
	(Document Number)	<del></del> .
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 026291 8154841
AUTHORIZATION:
COST LIMIT : \$ 125.00
ODDED DAME October 12 2000
ORDER DATE: October 13, 2022
ORDER TIME : 9:28 AM
ORDER NO. : 026291-015
CUSTOMER NO: 8154841
FOREIGN FILINGS
NAME: GALUTEN REAL ESTATE HOLDINGS LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

#### **COVER LETTER**

Galuten	Real Estate Holdings LLC				
BJECT:	Name of Limited Liability Company				
enclosed "Applicat stence, and check ar	ion by Foreign Limited Liability e submitted to register the above	Company for Authorization to Transact Business in Florida," Cer e referenced foreign limited liability company to transact business			
	oondence concerning this matter				
Ralp	h Minto, Jr.				
		Name of Person			
Mint	o Law Group, LLC				
		Firm/Company			
811	Camp Horne Road, Suite 320				
		Address			
Pitts	ourgh, PA 15237				
	(	City/State and Zip Code			
rminto	@mintolaw.com				
	E-mail address: (to b	e used for future annual report notification)			
further information	concerning this matter, please ca	dl:			
Ralph Minto		412 201-5525			
1.	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Addre		Street Address:			
Registration		Registration Section			
Division of C		Division of Corporations			
P.O. Box 633		The Centre of Tallahassee			
Tallahassee,	FL 32314	= *** State of o			
		Tallahassee, FL 32303			
Enclosed is a cl	neck for the following amount:				
Please make ch	eck payable to: FLORIDA DEF				
- 3 L / 1 UU F H1	ng Fee 💢 🗆 \$130.00 Filing Fe	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certi			

## 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:

, Galuten Real Estate					
(Name of Foreign	Limited Liability Company, must include "Limited	Liabilit	y Company," "L.I. C.," or "LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The	alternate name must include "Limited Liab	oility Company," "L.L.C." or	"LLC.")
Pennsylvania 2.		3.	87-4156857		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI number	r, if applicable)	<del></del>
12/23/2021					
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	egistratio se penalty	n) liability)	<del></del>	
811 Camp Horne Ro		,	811 Camp Horne Road, Se		
5. (Street Address of Principal Office)		о.	(Mailing Address)		_
Pittsburgh, PA 1523	7		Pittsburgh, PA 15237		
					_
				~ ~	_
7. Name and street addres	ss of Florida registered agent: (P.O. Box  Corporation Service Company	<u>NOT</u>	acceptable)	122 OCT 18 LOGE 144 FE H AHASSE	APPRI AN FILE
Name:			<del></del>	Disco PR	90×
Office Address:	1201 Hays Street			<b>4: 31</b> Open	<del>-</del>
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		
designated in this applica to comply with the provisi	egistered agent and to accept service of position. I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By: Way Wilm Wassis	regist and co	ered agent and agree to act in mplete performance of my du	this capacity. I fur	ther agree

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: The Alvin B. Galuten Family Lf	□Manager	Name:	
■Member	Address: 811 Camp Horne Road	□Member	Address: _	
■Authorized	Suite 320	□Authorized		
Person	Pittsburgh, PA 15237	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	<del></del>	
Person		Person		
Other		□Other		□Other
<ul><li>indexed individuals</li><li>9. Attached is a certifurisdiction under the of the translator mus</li><li>10. This document is submitted in a document.</li></ul>	s executed in accordance with section 605.0203 ment to the Department of State constitutes a this Galuten Family Limited Partnership, So	orida Department of Sta luly authenticated by the is in a foreign languag (1) (b). Florida Statute rd degree felony as prov	te Annual Rep e official havi e. a translatio es. I am aware vided for in s.8 in B. Galute	oort form.  ing custody of records in the n of the certificate under oath that any false information 817.155, F.S.

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/13/2022

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

I DO HEREBY CERTIFY THAT,

Galuten Real Estate Holdings 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.

OF THE COURT OF TH

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: TSC221013090450-1

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