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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Stahl Seller, LLC
300515	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate o 2, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please re	turn all correspondence concerning this matter to the following:
	Jeanne M. Ledwell
	Name of Person
	Troutinan Pepper Hamilton Sanders LLP
	Firm/Company
	125 High Street, 19th Fl
	Address
	Boston, MA 02110
	City/State and Zip Code
	Jeanne.Ledwell@Troutman.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	James B. Jumper, Attorney at Law 610 640-7800 at ()
	at () 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 32303Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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 Stahl Seller, LLC

If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited Liability Compa	ny," "L.L.C." or "LLC
Delaware 2		2	92-0859823	
		.5.	(FEI number, if applicab	le I
November 3, 2022				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio ne penalty	n.) Tiability)	
110 Carillon Parkway 5		6	110 Carillon Parkway (Mailing Address)	
2. (Street Address of Principal Office)		6.	(Mailing Address)	
St. Petersburg, FL 337	16		St. Petersburg, FL 33716	
				=
. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road		÷	2022 0

Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company is the place designated in this application. I hereby accept the appaintment as registered agent and auron to act in this control. designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Herether 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.

.

Title or Capacity:	Name and Address:	<u>Title or Capacity</u>	: <u>Name and Address:</u>
□Manager	Name:	□Manager	Name:
⊠Member	Address:	□Member	Address:
☑Authorized	St. Petersburg, FL 33716	巡 Authorized	St. Petersburg, FL 33716
Person		Person	
D.Other	Other	🗍 Əther	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
⊠Authorized	St. Petersburg, FL 33716	□Authorized	
Person		Person	
Dother	Other	DOther	Other
□Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	□Other	🗆 Other

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]:

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

Robert L. Stahl, Authorized Person-

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAHL SELLER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204739622 Date: 10-31-22

Page 1

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SR# 20223896546 You may verify this certificate online at corp.delaware.gov/authver.shtml