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FLORIDA FILING & SEARCH SERVICES, INC.

P.Ø. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHΦNE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/09/23

NAME:

RICHARD WYATT RACING, LLC

TYPE OF FILING! APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

mavailable, cotta alternat	n cause adopted for the pro	rpose of transacting business in	lorida. The alternate name must be	clode "Limited Liabil	ity Company," "L.L.C," or "L	LC.T
rsylvania	-					
ediction under the law of	which through bished lieb	dity company is organized)	3	(FEI number, i	(applicable)	
	(Dits first transact	ed business in Florida, if prior is 1904 & 605.0905, F.S. to detect	resolution.)	<u> </u>	_	
	(See sections 605)	0904 & 605.0905, F.S. to detect	ine penalty liability)			
O Corporate	Center Driv	ve, Suite 315	6. 200 Corpor	ate Center	r Drive, Suite	3.
n Township PA	15108		Moon Townsh	p, PA 15108		
						
						
e and street addre	55 of Florida regist	tered agent: (P.O. Box	NOT acceptable)		23 J	
					N A V	
	i					-
Name:	Herb Stotler				· · · - · · · · · · · · · · · · · · · ·	ř
Name:		sumer Court			<u> </u>	י נ
Name: Office Address:	Herb Stotler c/o 8245 Cans	sumer Court				f
		sumer Court		34240	<u> </u>	ָר ני
	c/o 8245 Cons	sumer Court	, Florida	34240 (Zip code)	9 AH II:	ָרָרָרָרָרָרָרָרָרָרָרָרְרָּרָרָרְרָּרָרְרָּרָרְרָּרָרְרָּרְרָּרָרְרָּרְרָרְרָ
Office Address:	c/o 8245 Cons Sarasota			- 	9 AH II:	
Office Address: red agent's accep	c/o 8245 Cons Sarasota tance:	(City)	, Florida	(Zip code)	9 AM II: 38	
Office Address: red agent's accep been named as re ed in this applica	c/o 8245 Cons Sarasota tance: gistered agent and tion, I hereby according	(Chy) I to accept service of p opt the appointment as	, Florida rocess for the above sta	(Zip code)	Dity company at the p	
Office Address: red agent's acception named as red in this applicative with the provision.	c/o 8245 Cons Sarasota tance: gistered agent and tion, I hereby according	(Cty) i to accept service of p tpt the appointment as relative to the proper	, Florida	(Zip code)	Dity company at the p	

Title or Capacity:	-	Name and Address:	Title or Capacit	Y:	Name and Address:
□ Manager	Name: Ric	hard H. Wyett	OManager	Name:	
■ Member	Address: 2	00 Corporate Center	r Drive □Member	Address: _	
☐ Authorized	Suite 315				
Person	Moon Tov	nship, PA 15108	Person		
Other		□Other	Other		□Other
]Manager	Name:		_ □Manager	Name:	
] Member	Address:		□Member		
Authorized			□ Authorized		
Person			Person		
Other		Other	□ Othæ		□ Other
Manager	Name:		☐ Manager	Name:	
Member	Address:		☐ Member	Address:	
Authorized			☐ Authorized		
Person			. Person		
Other		Other	□Other		□Other
Attached is a certification under the translator must	icate of exist law of which be submitted	ecordance with section 605.6	r Florida Department of State	official havin , a translation	ort form. Ig custody of records in the of the certificate under oa

Typed or printed name of signor

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Richard Wyatt Racing, LLC

Request Type: Subsistence Certificate Issuance Date: January 09, 2023

Request No.: 007560620 File No.: 0003611766

Receipt No.: 000322350

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: October 19, 2022

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Richard Wyatt Racing, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvainia are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Jeigh M. Chapman

Verify this certificate online at www.file.dos.pa.gov