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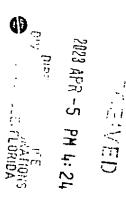
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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	Kane Warehousing, LLC	
	Nan	ne of Limited Liability Company
The enclose Existence, a	ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please retur	n all correspondence concerning this matter	to the following:
	Anthony Holmes	
	·	Name of Person
	Registered Agent Solutions, Inc.	
		Firm/Company
	5301 Southwest Pkwy., Suite 400	
		Address
	Austin, TX 78735	
		City/State and Zip Code
	orders@rasi.com	
	E-mail address: (to b	e used for future annual report notification)
For further i	nformation concerning this matter, please ca	II:
Anthony Holmes		888 705-7274
	Name of Contact Person	Area Code Daytime Telephone Number
	illing Address: gistration Section	Street Address:
	vision of Corporations	Registration Section Division of Corporations
	D. Box 6327	The Centre of Tallahassee
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP	PARTMENT OF STATE

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:

Kane Warehousing, LL	C Limited Liability Company; must include "Limited	Lightly Company " L C " or "L C "		_
(Mane of Foleign	connect Entonny Company, must include Infinited	Elabrity Company, E.E.C., Of EEC.)		
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Li	iability Company," "L.L.C." or	 "LLC.
Pennsylvania 2.		23-1662471 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numb	oer, if applicable)	_
Upon filing				
	(Date first transacted business in Florida, if poor to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) e penalty liability)		
3 Stauffer Industrial Pa	nrk	3 Stauffer Industrial Park		
rect Address of Principal Office)		6. (Mailing Address)	_	_
Scranton, PA 18504		Scranton, PA 18504	~1	
			.1223	_
		_	API	_
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	, un	===
Name and street address	sof Florida registered agent. (1.0. Dox	<u>MOT</u> acceptable)	- P	<u>; </u>
	Registered Agent Solutions, Inc.		-: =	
Name:			30	
Office Address:	155 Office Plaza Dr., Suite A			
	Tallahassee	32301		
	(City)	Florida(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.

Adam Saldana, Asst. Secretary
(Registered agent's 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: Name: Eric Hemar ■Manager Name: _____ □Manager Address: __ 3 Stauffer Industrial Park □Member □Member Address: _____ Scranton, PA 18504 ☐ Authorized □ Authorized Person Person □Other ______Other____ □Manager Name: _____ Name: □ Manager ☐ Member Address: ____ ☐ Member Address: ____ ☐ Authorized ☐ Authorized Person Person □Other___ □Other____ □Other____ Other___ Name: ____ □Manager ☐ Manager Name: ____ □Member Address: _____ □Member Address: _____ ☐ Authorized ☐ Authorized Person 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. Nonindexed 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. DocuSigned by:

James B. Amold

Star 896828FE at / Signature of an authorized person

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: Kane Warehousing, LLC

Request Type: Subsistence Certificate Issuance Date: February 23, 2023

Request No.: 010340315 File No.: 0000183789

Receipt No.: 000390209

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: July 16, 1965

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Kane Warehousing, 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 Pennsylvania 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

Albert Schmidt

Mens Suhm

Acting Secretary of the Commonwealth