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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

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(Business Entity Name)

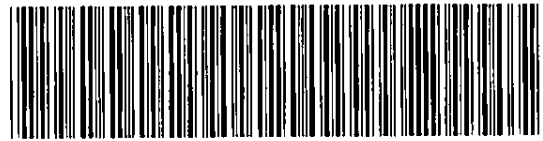
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cranberry Real Estate Holdings LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Renee L. Versaw

Name of Person

Cranberry Real Estate Holdings LLC

Firm/Company

P O Box 55

Address

Valencia, PA 16059

City/State and Zip Code

renee@jvfisherllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee L. Versaw

724

687-0771

at (\_\_\_\_\_)

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate 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. Cranberry Real Estate Holdings LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania 3. 81-2186434  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 508 Pittsburgh Street 6. P O Box 55  
(Street Address of Principal Office) (Mailing Address)

Suite 205

Mars, PA 16046 Valencia, PA 16059

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

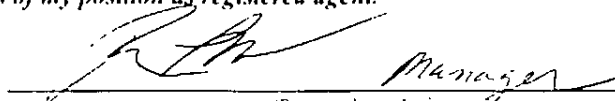
Name: Laverne B. Fisher, LLC

Office Address: 851 Dunlawton Ave., Suite 204

Port Orange 32127  
(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.*

  
(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:

☒ Manager              Name: Renee L. Versaw

☐ Member              Address: \_\_\_\_\_

☐ Authorized              P O Box 55

   Valencia, PA 16059

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☒ Manager              Name: Nicholas F. Nypaver

☐ Member              Address: \_\_\_\_\_

☐ Authorized              P O Box 55

   Valencia, PA 16059

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

   Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager              Name: Tracey A. Nypaver

☐ Member              Address: \_\_\_\_\_

☐ Authorized              P O Box 55

   Valencia, PA 16059

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

   Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

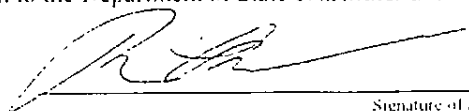
   Person \_\_\_\_\_

☐ 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.



Signature of an authorized person

Renee L. Versaw

**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

**Entity Name:** Cranberry Real Estate Holdings LLC  
**Jurisdiction:** PENNSYLVANIA  
**Entity No.:** 0006383222  
**Entity Type:** Domestic Limited Liability Company  
**Issuance Date:** 02/16/2023  
**Receipt No.:** 000379930  
**Certificate No.:** 009879638

**Document Listing**

Image No.	Date Filed	Effective Date	Filing Description	No. of Pages
A56801-1	03/31/2016	03/31/2016	Initial Filing	2

\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* End of list \*\*\*\*\* \*\*\*\*\* \*\*

I, Albert Schmidt, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



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**  
Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)