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FLORIDA FILING & SEARCH SERVICES, INC.

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

DATE: 06/02/23

NAME: WRIGHT BROTHERS DEVELOPMENT XXIII. LLC

TYPE OF FILING: APPLICATION

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Wright Brothers Development XXIII, LI					
Name of Limited Liability Company						
		ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matte	r to the following:				
	Julie I. Kline					
		Name of Person				
	Strassburger McKenna Gutnick & C					
		Firm/Company				
	444 Liberty Avenue, Suite 2200					
		Address				
	Pittsburgh, PA 15222					
		City/State and Zip Code				
	jkline@smgglaw.com					
	E-mail address: (to	be used for future annual report notification)				
For fu	rther information concerning this matter, please	call:				
	Julie I. Kline, Esq.	at (412) 281-5423 Area Code Daytime Telephone Number				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI \$125.00 Filing Fee \$130.00 Filing Serifications	EPARTMENT 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:

1. Wright Brothers Devel	opment XXIII, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited Liability Con	npany," "L.L.C," or "LLC.")
2. Pennsylvania (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	92-3972514 (FEI number, if applie	cable)
			, , , , , , , , , , , , , , , , , , ,	,
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	egistration ne penalty	liability)	
1200 Sharon Road 5. (Street Address of Principal Office)		6.	1200 Sharon Road (Mailing Address)	
Beaver, PA 15009			Beaver, PA 15009	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)	2023 .ji.''!
Name:	Registered Agent Solutions, Inc.			#17 - 2
Office Address:	2894 Remington Green Lane, Ste. A	<u>.</u> .		P
	Tallahassec (City)		, Florida 332308 (Zip code)	<u>ը</u>

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 agont'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:

Title or Capacity:	Name and Address:	Title or Capacity;	•	Name and Address:
■ Manager	Name: Bryan D. Wright	□Manager	Name:	
■Member	Address: 1200 Sharon Road	□Member	Address:	
□Authorized	Beaver, PA 15009	□Authorized		
Person		Person		
Other	Other	□Other		□ Other
≣ Manager	Name: Luke Wright	□Manager	Name:	
■Member	Address: 1200 Sharon Road	□Member	Address:	-
□Authorized	Beaver, PA 15009	□Authorized		
Person		Person		
Other	Other	□Other		□Other
⊠ Manager	Name: W. David Wright	□Manager	Name:	
■Member	Address: 1200 Sharon Road	□Member	Address:	
□Authorized	Beaver, PA 15009	□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. 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.

Signstore of an authorized person

Bryan D. Wright



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: Wright Brothers Development XXIII, LLC

Request Type: Subsistence Certificate Issuance Date: June 01, 2023

Request No.: 016258327 File No.: 0012890471

Receipt No.: 000543851

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: February 27, 2023

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LDO HEREBY CERTIFY THAT

Wright Brothers Development XXIII, 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

Acting Secretary of the Commonwealth

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