# M23000008386

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W23000082433

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June 12, 2023

CHRISTINA BRENNAN 4550 MCKNIGHT RD STE 208 PITTSBURGH, PA 15237 US

SUBJECT: LUEERS ENTERPRISES LLC DBA MY 4-YEAR PLAN

Ref. Number: W23000082433

We have received your document for LUEERS ENTERPRISES LLC DBA MY 4-YEAR PLAN and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

RECEIVED
JUN 2 8 2023

Letter Number: 123A00013300

## **COVER LETTER**

TO:		ation Section n of Corporations					
SUBJE		LUEERS ENTERPRISES, LLC DBA My 4-Year Plan					
SUBJE	CI	Name of Limited Liability Company					
The enc Existence	losed "A ce, and c	pplication by Foreign Limited Liability Con heck are submitted to register the above refe	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.				
Please r	eturn all	correspondence concerning this matter to th	e following:				
		Christina Brennan					
	Name of Person						
		ſ	Firm/Company				
		4550 McKnight Rd Ste 208					
		Address					
		Pittsburgh, PA 15237					
		City/State and Zip Code					
		chrissy@cottonmather.com					
		E-mail address: (to be us	ed for future annual report notification)				
For furt	her infor	mation concerning this matter, please call:					
	Cathy	Lucers	412 720-9802 at ( )				
		Name of Contact Person	Area Code Daytime Telephone Number				
	Regist Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAR 5.00 Filing Fee   \$130.00 Filing Fee & Certificate of S	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L LUEERS ENTERPRISE	ES LLC	***	A		_	
(Name of Foreign	Limited Liability Company; must include "Limited	i Liabilit	(Company, L.L.C., or "L.D., )			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida, The	alternate name must include "Limited Liability Compar	y," "L.L.C," or	r"LLC")	
PENNSYLVANIA 2. Ourisdiction under the law of which is the law of	nich foreign limited liability company is organized)	3.	83-2118846 (FEI number, if applicable)			
JUNE 01, 2023 4.						
T	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registratio ine penalty	n) Hability)			
1409 DUNCAN AVE STE 202			C/O COTTON MATHER ACCTG GROUP (Mailing Address)			
(Street Address of Principal Office)			(Mailing Address)			
PTTTSBURGH, PA 15237			4550 MCKNIGHT RD STE 208			
		PTTTSBURGH, PA 15237				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT	ı	2023		
Name:	CATHY LUEERS			82 NUL EZOZ		
Office Address:	1653 TARPON BAY DR S		ASSE	A	3 1 0 10 1 0 10	
	NAPLES		, Florida =	9: 2 <b>L</b>	ار بريان الريان	
	(City)		(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.

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: CATHY LUEERS Name: \_\_\_\_\_ □ Manager □Manager Address: 1653 TARPON BAY DR S Address: □Member ■Member NAPLES, FL 34119 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_\_ Name: □Manager Name: ☐ Manager Address: □Member Address: □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ □Other\_\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ □Member Address: Address: □Member ☐ 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. Signature of an authorized person

Typed or printed name of signee

CATHY LUEERS

# **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: Lueers Enterprises LLC

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

**Request No.:** 015732423 File No.: 0006782392

**Receipt No.:** 000531146

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: October 09, 2018

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Lueers Enterprises 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

Men Sohn

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