(F	Requestor's Name)	<u> </u>
	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
(6	Sity/State/Zip/Prione #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of	/ Status
		
Special Instructions to F	ilina Officer:	

Office Use Only



200412517762

1 i

2023 JUL 19 AM 11: 39

JUL 1 9 2923 (Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 883880 4305611

AUTHORIZATION :

COST LIMIT : \$\frac{1}{125}.00

ORDER DATE: July 19, 2023

ORDER TIME : 1:11 PM

ORDER NO. : 883880-050

CUSTOMER NO: 4305611

FOREIGN FILINGS

NAME: LEWIS PROPERTY SERVICES, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

J ...

TO:	Registration Section Division of Corporations				
SUBJEC	Lewis Property Services, LLC				
001011		Name of Limited Liability Company			
		ity Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florid			
Please re	cturn all correspondence concerning this matte	er to the following:			
		Name of Person			
		Firm/Company			
	Address				
		City/State and Zip Code			
	E-mail address: (to	o be used for future annual report notification)			
For furth	ner information concerning this matter, please	call:			
		at ()			
	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 D ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificat	PEPARTMENT 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: Lewis Property Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Lewis Property Services Southeast, 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 "L.C.") Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 155 Railroad Plaza 155 Railroad Plaza (Street Address of Principal Office) Royersford, PA 19468 Royersford, PA 19468 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 Florida (City)

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. Corporation Service Company

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: The Lewis Group, LLC □Manager □Manager Name: ____ 155 Railroad Plaza Address: Member ☐ Member Address: __ Royersford, PA 19468 □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other____ □ Manager □Manager □Member Address: _____ □Member Address: \square Authorized □ Authorized Person Person □Other □Other Other □Other : □Manager □Manager Name: _____ Name: Address: ☐ Member □Member ☐ Authorized □ Authorized Person Person □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. Richard Lewis Signature of an authorized person Richard D. Lewis, CEO

Typed or printed name of signee

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:

Lewis Property Services, LLC

Request Type:

Subsistence Certificate

Issuance Date: July 12, 2023

Request No.:

018443533

File No.:

0006490659

Receipt No.:

000599352

Filing Type:

Domestic Limited Liability

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: December 23, 2016

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Lewis Property Services, 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

Secretary of the Commonwealth

Mes Solm

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