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9/6/23, 4:48 PM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company
Power Home Craftsmanship, LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	$160.00

FILED
2023 SEP -7 AM 8:08
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP -7 PM 3:58

Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: POWER HOME CRAFTSMANSHIP, 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:

TODD BABBITT
Name of Person

LICENSES, ETC., INC
Firm/Company

27911 CROWN LAKE BLVD
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

SUPPORT@LICENSESETC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD BABBITT at (239) 777-1028
Name of Contact Person Area Code Daytime Telephone Number

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

StreetAddress:
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

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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. POWER HOME CRAFTSMANSHIP, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-4033646
(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. 2501 SEAPORT DRIVE
(Street Address of Principal Office)

CHESTER, PA 19013

6. 2501 SEAPORT DRIVE
(Mailing Address)

CHESTER, PA 19013

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

Name: SHANE MCKEE

Office Address: 4135 CRESCENT PARK DRIVE

RIVERVIEW, Florida 33578
(City) (Zip code)

2023 SEP -7 PM 3:58

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)

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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:
☐Manager	Name: ADAM KALINER	☐Manager	Name: COREY SCHILLER
☐Member	Address: 1343 WAVERLY RD	☐Member	Address: 413 RAVENSCLIFF DR
☐Authorized	GLADWYNE, PA 19035	☐Authorized	MEDIA, PA 19063
Person		Person	
■Other P	☐Other	■Other VP	☐Other
☐Manager	Name: ASHER RAPHAEL	☐Manager	Name:
☐Member	Address: 133 OVERLOOK DR	☐Member	Address:
☐Authorized	MEDIA, PA 19063	☐Authorized	
Person		Person	
■Other VP	☐Other	☐Other	☐Other
☐Manager	Name:	☐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. 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

Shane Mckee

Typed or printed name of signer

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POWER HOME CRAFTSMANSHIP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

4209904 8300

SR# 20233383059

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204072345

Date: 08-30-23