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To.

Division of Corporations

Fax Number

(858)617-6383

Fram;

Account Name REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address

#### Foreign Limited Liability Company Jerry's Home Repair, LLC

Certificate of Status	0
Certified Copy	0
Page Count	1)4
Estimated Charge	\$125.00

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To 18506176383

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Fax. 8134365206

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

IN COMPLIANCE WITH SECTION 6650902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. Jerry's Home Re	epair, LLC Timited Liability Company; must include "Limite	d Leability Commu	van Le norelle a			
Bisceglia contracting LLC			y. 1313			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida. The alternate n	ame must include "Limited Lial	bility Company,"	"L.i. C,"	or "LLC,")
2. PA		3. 81-498				
Utins dection under the law of which foreign himsel hability company is organized.			IFEI numbe	r, il applicable i		
4,						
	(Date first transacted business in Florida, if prior to (See sections 60) 0904 & 60) 0905, US to determ	registration ) ne penalty liability)				
7901 4th St N STE 300	)	7901 4	th St N STE 300			
(Street Address of Principal Office)		··· <del>- (N</del>	alling Address)			
St. Petersburg, FL 33702		St. Pete	တ	2(		
				18	24 F	
		<del></del>		- 1	EB :	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptal	nle)		29	: : :" <b>!"]</b>
				9 1	7	
Name:	Registered Agents Inc			OF STAT	8: 5	
				77	9	
Office Address.	7901 4th St N STE 300					
	St. Petersburg		, Florida 33702			
	(CR) (	,	(Zip code)			

#### Registered agent's acceptance:

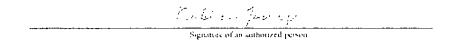
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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:
□Manager	Name:		□Manager	Gerard Bisceglia Name:
□Member	Address:		IX Member	Address:
□Authorized			□Authorized	7901 4th St N STE 300
Person			Person	St. Petersburg Ft 33702
□Other		□ Other	□Other	□Other
□Manager	Name:		□Manager	Name:
□Member	Address:		□Member	Address:
□Authorized		<del></del>	□Authorized	
Person	***************************************	***************************************	Person	
□Other		□ Other	□Other	Other
L!Manager	Name:		L!Manager	Name:
□Member	Address:		□Member	Address:
□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. 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 authentiented 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.



2/29/2024 13:12:16 PS **T** To: 18506176383 Page 4/4 Fax: 8134365206

## 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: Jerry's Home Repair, LLC

Request Type: Subsistence Certificate Issuance Date: February 29, 2024

**Request No.:** 031315722 **Receipt No.:** 000931257

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: January 05, 2017

Status: Active

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

I DO HEREBY CERTIFY THAT

Jerry's Home Repair, 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

0006493766

Albert Schmidt

File No.:

Secretary of the Commonwealth

Mes Sum