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SECRETARY OF STATE HS
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### COVER LETTER

TO:

UBJEC"	WARRICK REALTY GROUP LLC		
OBSEC	Name	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid	
lease reti	urn all correspondence concerning this matter to	o the following:	
	KERRON WARRICK		
		Name of Person	
	WARRICK REALTY GROUP LLC		
	<del></del>	Firm/Company	
	6043 U.S. HWY 17-92 NORTH, PMB	3 515, DAVENPORT, FL 33837	
		Address	
	DAVENPORT, FL 33837		
	C	ity/State and Zip Code	
	THEWARRICKGROUPINC@GMAIL.	.СОМ	
	E-mail address: (to be	e used for future annual report notification)	
or furthe	er information concerning this matter, please cal	H:	
KERRON WARRICK		321 477-9266	
-	Name of Contact Person	at () 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:	A DESTRAIR OF CRAIRE	
	Please make check payable to: FLORIDA DEP ■ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate o	e & 🔲 \$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 LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L WARRICK REALTY O				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Comp	any," "L.1. C.," or "LLC.")	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida The alternate	name must include "Limited Liability Cor	upany," "L.L.C," or "LLC.")
PENNSYLVANIA 2		84-3 3.	972494	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, it appli	cable)
04/11/2024 4.				
	(Date first transacted business in Florida, if prior to 1 (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability	)	
408 SEVILLE ST 5. (Street Address of Principal Office)		6043	U.S. HWY 17-92 NORTH Mailing Address)	<u> </u>
PHILADELPHIA, PA 19128		PMB 515		SE SE SE SE SE SE SE SE SE SE SE SE SE S
		DAV	ENPORT, FL 33837	APR L
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accept	able)	S PH L: 40
Name:	KRYSTAL ŁAW, PLLC		_	e XS
Office Address:	501 E. OAK STREET, A2		_	
	KISSIMMEE		34744 Florida	
	(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 is registered agent.

(Registered agent'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:
■Manager	Name: KERRON WARRICK	■Manager	Name: VIVIAN WARRICK
□Member	Address: 1175 OAK BLUFF CIRCLE	□Member	Address: 1175 OAK BLUFF CIRCLE
□Authorized	DAVENPORT, FL 33837	□Authorized	DAVENPORT, FL 33837
Person	<u></u>	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<u> </u>	Person	
□Other	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

KERRON WARRICK

## **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: The Warrick Realty Group LLC

Request Type: Subsistence Certificate Issuance Date: March 10, 2024

**Request No.:** 031931526

**Receipt No.:** 000946926

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: December 06, 2019

Status: Active

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

I DO HEREBY CERTIFY THAT

The Warrick Realty Group 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

0006983876

File No.:

Albert Schmidt

Secretary of the Commonwealth

Man Selmi

Verify this certificate online at <a href="www.file.dos.pa.gov">www.file.dos.pa.gov</a>