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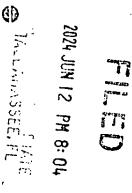
(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Contilled Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

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TO:	Registration Section Division of Corporations					
SUBJE	Prime Time 796 LLC ECT:					
Name of Limited Liability Company						
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matter	to the following:				
	Matthew Sherlock					
		Name of Person				
	Sherlock Legal PLLC					
	Firm/Company					
	349 Bustleton Pike, Front Office					
		Address				
	Feasterville, PA 19053					
	City/State and Zip Code					
	Matthew@sherlocklegal.com					
	E-mail address: (to	be used for future annual report notification)				
For fur	rther information concerning this matter, please c	eall:				
Matthew Sherlock		267 994-7283 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 DF \$\Begin{array}{l} \Bigsig \text{\$130.00 Filing Fe} \end{array} \$Certificate	EPARTMENT OF STATE Fee & □ \$155,00 Filing Fee & □ \$160,00 Filing Fee, Certificate				

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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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting b	usiness in Florida. The alternat	e name must include "Limited L	liability Company," "L.L.C." or	 "LLC.")
Pennsylvania		2			
(Jurisdiction under the law of w	hich foreign limited liability company is orga	mzed)	(FEI num	ber, if applicable)	_
4	(Date first transacted business in Florid	a if prior to registration)			
	(Date first transacted business in Florid (See sections 605 0904 & 605,0905, F.	s, to determine penalty liability	1		
903 Callowhill Rd 5.		903 (6.	Callowhill Rd		
5. (Street Address of Principal Office)		· ·	(Mailing Address)		_
Perkasie, PA 18944		Perka	nsie, PA 18944		
				60	_
7. Name and street addres	ss of Florida registered agent: (1 Gordon Hink	² .O. Box <u>NOT</u> accept	able)	DZ4 JUN 12 PN 8: 04	Carried Street
		7 77	_	2 3 3 3 3 3 3 3 3 3 3	Ç===
Name: Office Address:	796 Chacali Loop		_	1 0 0	
	Mt. Dora		– 32726 . Florida		
	Mt. Dora				<u> </u>

Name: Gordon Hink		Name and Address:
105 25 11 4 111 5 4	■Manager	Name: Michelle Hink
903 Callowhill Rd Address:	■Member	Address:
Perkasie PA 18944	□Authorized	Philadelphia, PA 19111
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
□Other	□Other	Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
□Other	□Other	□Other
	Name:	Person

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: Primetime 796 LLC

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

Receipt No.: 000978658

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: March 25, 2024

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Primetime 796 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 Selmo

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