

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.
Account Number : I20090000020
Phone : (941)917-0505
Fax Number : (941)917-0506

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

Email Address: hvasiljev@bandlawgroup.com

Foreign Limited Liability Company
TRENCHLESS LINE COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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FLORIDA
TALLAHASSEE
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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Audit # (11424 000333952 311)

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. Tronchloss Line Company, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

45-1446716

3. (FED 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))

550 Foundry Road

5. (Street Address of Principal Office)

Norristown, PA 19403

550 Foundry Road

6. (Mailing Address)

Norristown PA 19403

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

Name: Christopher McDonagh

Office Address: 1543 Second Street

Sarasota 34236
(City) Florida (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.


(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:☐ ManagerName: PATRICK Bolognese☒ MemberAddress: 116 W. 9th St.☐ AuthorizedBridgeport, PA 19405

Person

☐ Other☐ Other☐ ManagerName: Richard Helle☒ MemberAddress: 44 Keystone Court☐ AuthorizedCollegeville, PA 19426

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ ManagerName: DAVID HELLE☒ MemberAddress: 362 HUNT ST.☐ AuthorizedBridgeport, PA 19405

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ 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.812.155, F.S.

David Helle
Signature of an authorized person

Richard Helle
Typed or printed name of officer

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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: Trenchless Line Company, LLC
Request Type: Subsistence Certificate **Issuance Date:** October 02, 2024
Request No.: 043749130 **File No.:** 0004019369
Receipt No.: 001241120
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: March 23, 2011
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Trenchless Line Company, 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

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