

M24000015117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

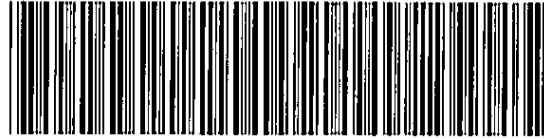
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APPROVED
AND
FILED
2024 DEC -4 AM 10:41
DEPARTMENT OF STATE
1211 ALLEGHENY CENTER

2024 DEC -4 PM 3:54
1211
1211

DEC 05 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/04/24
Order #: 1716553-1
Re: ELAP Services LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELAP Services 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:

Consuelo A. Florence

Name of Person

ELAP Services LL

Firm/Company

1550 Liberty Ridge Dr., Suite 330

Address

Wayne, PA 19087

City/State and Zip Code

compliance@imagine360.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Consuelo A. Florence

972

744-2527

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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. ELAP Services 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.
(FBI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1550 Liberty Ridge Dr., Suite 330
(Street Address of Principal Office)

6. Same
(Mailing Address)

Wayne, PA 19087

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

Name: Corporation Service Company


Office Address: 1201 Hays Street

Tallahassee 32301
(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.

Corporation Service Company

By: 
(Registered agent's signature)

APPROVED
AND
FILED
2024 DEC -4 AM 10:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

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]: **Member-Managed**

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Jeff Bak		<input type="checkbox"/> Manager	Name:	Stephen P. Kelly	
<input checked="" type="checkbox"/> Member	Address:	1550 Liberty Ridge Dr.		<input checked="" type="checkbox"/> Member	Address:	1550 Liberty Ridge Dr.	
<input type="checkbox"/> Authorized		Suite 330		<input type="checkbox"/> Authorized		Suite 330	
Person		Wayne, PA 19087		Person		Wayne, PA 19087	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	Maxwell Mishkin		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	1550 Liberty Ridge Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 330		<input type="checkbox"/> Authorized			
Person		Wayne, PA 19087		Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> 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

Troy Sisum

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELAP SERVICES 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 FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELAP SERVICES LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

4722237 8300

SR# 20244382987

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

Authentication: 205027711

Date: 12-04-24