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

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2021 MAY -5 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
SIM GARDEN LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 MAY -5 PM 4:37
FILED
TALLAHASSEE, FLORIDA

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

2. PENNSYLVANIA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0994 & 605.0903, F.S. to determine penalty liability)

3. 86-3250588
(FED number, if applicable)

UPON FILING OF THIS APPLICATION

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0994 & 605.0903, F.S. to determine penalty liability)

5. 1740 ELIZA WAY
(Street Address of Principal Office)

6. 1740 ELIZA WAY
(Mailing Address)

MECHANICSBURG, PA 17050

MECHANICSBURG, PA 17050

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

Name: JONATHAN P. HUELS

Office Address: 215 NORTH EOLA DRIVE

ORLANDO, Florida 32801
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)
Jonathan P. Huels

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:

Manager Name: HARRY SAHI

Member Address: 1740 ELIZA WAY

Authorized MECHANICSBURG, PA 17050

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: RAJINDER SAHI

Member Address: 1740 ELIZA WAY

Authorized MECHANICSBURG, PA 17050

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

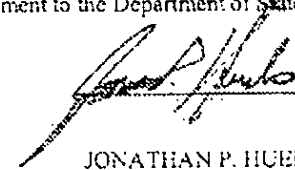
Other _____ Other _____

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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.
 JONATHAN P. HUELS

 Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/05/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Sim Garden LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the 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 the Secretary's Office to be affixed, the day and year above written

Handwritten signature of the Acting Secretary of the Commonwealth.

Acting Secretary of the Commonwealth

Certification Number: TSC210505141709-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>