

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/25/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

perkEpave LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Jul 18, 2018 - Pages (2)

which appear of record in this department.



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


Robert Torres

Acting Secretary of the Commonwealth

Certification Number: TSC180925141496-1

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

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Thomas E Carroll Name 418 Wilson St. Address Pottstown PA 19464 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821(rev. 2/2017)  8821
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. **The name of the limited liability company (designator is required, i.e., “company”, “limited” or “limited liability company” or abbreviation):**
 perkEpave LLC

2. *Complete part (a) or (b) – not both:*

(a) **The address of the limited liability company’s initial registered office in this Commonwealth is:**
(post office box alone is not acceptable)

418 Wilson Street	Pottstown	PA	19464	Montgomery
Number and Street	City	State	Zip	County

(b) **name of its commercial registered office provider and the county of venue is:**

c/o: _____
Name of Commercial Registered Office Provider **County**

3. **The name of each organizer is (all organizers must sign on page 2):**

Name	Address
perkEpave LLC	418 Wilson Street , Pottstown , Montgomery , PA , United States , 19464

4. **Effective date of Statement of Registration (check, and if appropriate complete, one of the following):**

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ **at** _____
on: **Date(MM/DD/YYYY)** **Hour (if any)**

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic**
- Dentistry**
- Law**
- Medicine and surgery**
- Optometry**
- Osteopathic medicine and surgery**
- Podiatric medicine**
- Public accounting**
- Psychology**
- Veterinary medicine**

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 18 day of July, 2018.

perkEpave LLC
Thomas E Carroll

Signature