F1500003351

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



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07/30/15--01015--008 **78.75



707 Eagleview Blvd. Suite 100 Exton, PA 19341 (877) 902-8790

July 23, 2015

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

Re: Authorization to use Corporation Name

To Whom It May Concern,

I have no intention of revoking the dissolution for Florida Corporation P04000052881, Caronia & Associates, Inc.

I am releasing the name Caronia & Associates, Inc., and am authorizing the name for immediate use to register a Pennsylvania domiciled corporation in the state of Florida. The corporation will have the same name, Caronia & Associates, Inc., and the same FEI.

Please feel free to contact me if you have any questions or concerns.

Sincerely,

Charles Anthony Caronia

President

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL LISA GRIFFITH Notary Public UWCHLAN TWP., CHESTER COUNTY My Commission Expires Nov 7, 2016

COVER LETTER

_	istration Sectio				
SUBJECT	Caronia & As	sociates, Inc.			
SCESECT	•	Name of co	rporation ·	must include suff	ix
Dear Sir or	Madam:				
"Certificate	of Existence,"		Good Stand	ling" and check are	ansact Business in Florida," e submitted to register the
Please return Apryl Klein	n all correspond	lence concerning th	nis matter	to the following:	
]	Name of P	erson	
Caronia & A	ssociates, Inc.				
		F	irm/Comp	any	
707 Eaglevie	w Blvd. Suite 10	0			
			Addres	s	
Exton, PA 19	9341				
		Cit	y/State an	d Zip code	
apryl@carco	gap.com				
	Ì	E-mail address: (to	be used for	r future annual rep	ort notification)
For further i	nformation con	eerning this matter	, please ca	11:	
Apryl Klein		877 902-8790 x110			
Nar	ne of Person		Area Code	Daytime T	clephone Number
Reg Divi Clift 266	REET/COURING istration Section of Corporation Building I Executive Cental Example 1 Executive Cental Example 1 32	ations nter Circle		Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314
Enclosed is	a check for the	following amount:			
□ \$70.00 F	iling Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee Certified Copy	& \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Caronia & Associates, Inc.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Pennsylvania	3	33-1088932	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/22/2004	5	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
All previous bus	siness was transacated under FL Corporation I	P04000052881, which was dissolved.	
707 Eagleview B	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) ipal office address)	
707 Eagleview B	lvd. Suite 100 Exton, PA 19341	par office address)	; >=
		ing address, if different)	2015 JUL
. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name: Business Filings Incorporated		<u> </u>	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	ا (ا
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Mary Jo Spalinger, Asst. Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Charles Andrew Caronia Chairman: 38 Fieldstone Ln. Address: Oyster Bay, NY 11771 Vice Chairman: ___ Address: Address: _ **B. OFFICERS** Charles Anthony Caronia 707 Eagleview Blvd. Suite 100 Address: Exton, PA 19341 Vice President: _ Address: _ Michael Caronia Secretary: 707 Eagleview Blvd. Suite 100 Exton, PA 19341 Address: Michael Caronia Treasurer: 707 Eagleview Blvd. Suite 100 Exton, PA 19341 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Charles Anthony Caronia (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 21, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CARONIA & ASSOCIATES, INC

is duly incorporated as a Pennsylvania Business Corporation 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.

Secretary of the Commonwealth

Pedro a. Contés

Certification Number: 12805351-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp