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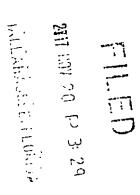
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Kronick Kalada Berdy & Co.,

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mario J. Ercolani						
	Name of	`Person				
Kronick Kalada Berdy & Co.,						
	Firm/Cor	npany				
190 Lathrop Street						
	Addı	ress				
Kingston, PA 18704			ij.	17.23		
City/State and Zip code				<del>-</del>		
mercolani@kkbcpas.com				<u> </u>		
E-mai	l address: (to be used	for future annual repor	t notification)	0.5		
For further information concerning this matter, please call:			i*	7		
			= -	ζŲ		
Jeffrey T. McGuire	at (717	) 975-9600	-, 	:3 _2		
Name of Person	Area Code Daytime Telephone Number					

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

**才** \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status □ \$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.

1. Kronick Kalada I	Berdy & (* p.						
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATIO	N,"		······································	
(If name unavails	ible in Florida, enter alternate corporate nar	ne a	adopted for the purpose of transact	ng busine	ss in Flor	ida)	
2. Pennsylvania							
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)				
4. 12/9/1991		5.					
(Date of incorporation)			(Date of duration, if other	(Date of duration, if other than perpetual)			
6. none							
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607		Florida, if prior to registration) 02, F.S., to determine penalty liab	ility)			
7. 190 Lathrop Stree	et, Kingston, PA 18704			_			
	(Prii	теір	al office address)				
	(Current ma	ailin	g address, if different)	<u></u>			
8. Name and stree	et address of Florida registered agent: (	P.C	D. Box <u>NOT</u> acceptable)	Anto.	<b>31</b> 1 101 20	)	
Name:	Registered Agents Inc.		. <del></del>	•		, :	
Office Address:	3030 N. Rocky Point Dr. STE 150A		<u></u>		77 94	U	
	Tampa		Florida 33607	<u>.</u>	20		
	(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.

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 Chairman: Mario J. Ercolani Address: 190 Lathrop Street, Kingston, PA 18704 Vice Chairman: Address: \_\_ Director: See attached list Address: \_\_ Director: \_ Address: \_ **B. OFFICERS** President; Mario J. Ercolani Address: 190 Lathrop Street, Kingston, PA 18704 \*Vice President: William R Lazor Address: 190 Lathrop Street, Kingston, PA 18704 FSecretary: Anthony Caravaggio Address: 190 Lathrop Street, Kingston, PA 18704 \*Treasurer: Deborah A. Eastwood Address: 190 Lathrop Street, Kingston, PA 18704 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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

William R Lazor, Vice President

# List of All Kronick Kalada Berdy & Co. Current Owners

Anthony R. Caravaggio, CPA 190 Lathrop Street Kingston, PA 18704

- Deborah A. Eastwood, CPA 190 Lathrop Street Kingston, PA 18704
- Jason C. Williams, CPA 190 Lathrop Street Kingston, PA 18704
- Kevin R. Foley, CPA 190 Lathrop Street Kingston, PA 18704
- , Louis E. Marcin, CPA 190 Lathrop Street Kingston, PA 18704
- Mario J. Ercolani, CPA 190 Lathrop Street Kingston, PA 18704
- \*Ronald H. Ulitchney, CPA 190 Lathrop Street Kingston, PA 18704
- William Fromel, CPA 190 Lathrop Street Kingston, PA 18704
- William R. Lazor, CPA 190 Lathrop Street Kingston, PA 18704

The above listing of Shareholders is true correct and complete.

Mario J. Erocolani, President Kronick Kalada Berdy, & Co., A Professional Corporation

Mariof Ercolani, President

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# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/15/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### KRONICK KALADA BERDY & CO., A PROFESSIONAL CORPORATION

is duly registered as a Pennsylvania Professional 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

Acting Secretary of the Commonwealth

Certification Number: TSC171115110634-1

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