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TALLAHASSEE, FLORIDA

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107 12/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Schwartz Consulting, Inc
(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," 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:

Karen Munroe
(Name of Person)

Schwartz Consulting Inc
(Firm/Company)

1620 W Oakland Pk Blvd Suite 4014
(Address)

FT. Lauderdale Fla 33311
(City/State and Zip code)

For further information concerning this matter, please call:

Karen Munroe at 888 358-5288
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2007

KAREN MUNROE
1620 W OAKLAND PARK BLVD, SUITE 401 C
FT. LAUDERDALE, FL 33311

SUBJECT: SCHWARTZ CONSULTING INC
Ref. Number: W07000042617

We have received your document for SCHWARTZ CONSULTING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

S.C., INC. is also not available.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 807A00051940

**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. Schwartz Consulting Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Munroe Consulting Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct 6, 03 5. N/A
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8-23-07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1620 W. Oakland PK Blvd, Suite 401C, Ft. Lauderdale
(Principal office address) *date 5*

Sare
(Current mailing address) *33311*

8. Consulting Company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Karen Munroe

Office Address: 1620 W. Oakland PK Blvd Suite 401C

Ft Lauderdale, Florida 33311
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. 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.

Karen Munroe
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Karen Munroe

1620 W. Oakland PK Blvd Suite 401C
Ft. Lauderdale Fla, 33311

Vice President: _____

Address: _____

Karen Munroe

1620 W. Oakland PK Blvd. Suite 401C
Ft. Lauderdale Fla 33311

Secretary: _____

Address: _____

Karen Munroe

1620 W. Oakland PK Blvd Suite 401.C

Treasurer: _____

Address: _____

Karen Munroe

1620 W. Oakland PK Blvd Suite 401.C
Ft. Lauderdale Fla 33311

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Karen M

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

STATE OF WYOMING
Office of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby
certify that according to the records of this office,

Schwartz Consulting, Inc.

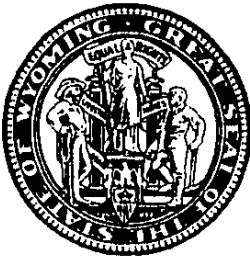
is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **October 6, 2003**, comply with all applicable
requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity
identification number **2003-000456081**.

This entity is in existence and in good standing in this office and has filed all annual reports
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming
on this 22nd day of August, 2007 at 9:38 AM. This certificate is assigned 001739826.



Max Maxfield
Secretary of State