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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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> 009 JUL 20 PM 4: I SECRETARY OF STAT ALL AHASSFE, FLORI

COVER LETTER

| | New Filing Se Division of Co | | | |
|-------------|---|--|--|--|
| SUBJE | CT: | Name of corpor | II, INC. ation - must include suffix | |
| Dear Sir | or Madam: | | | |
| "Certific | losed "Applica cate of Existend business in Flo | ce," and check are submitted | for Authorization to Transa to register the above referer | ct Business in Florida," need foreign corporation to |
| Please re | eturn all corres | pondence concerning this m | atter to the following: | |
| | | AMES W. LANDIS | e of Person | |
| | | Nam | e of Person | |
| | C \$ }. | MANAGEMENT, INC | <u> </u> | |
| | | Firm/ | Company | |
| - | 496 | GERMAIN AVE | | |
| | | A | Address | |
| | NAN | Les F1 34108 | Company Address ate and Zip code NeT sed for future annual report r | |
| | | City/St | ate and Zip code | |
| | TWLD. | UDIS 20 COMCAST. | NeT | |
| | | E-mail address: (to be u | ised for future annual report i | notification) |
| For furth | ner informatior | concerning this matter, ple | ase call: | |
| _Isu | Nes Will | (10) at (13) | 29 <u>404-7597</u> rea Code & Daytime Teleph | one Number |
| | Name of Fersi | ш | irea Code & Daytime Teleph | one Number |
|] [(| New Filing Sec Division of Co Clifton Buildir | rporations ng e Center Circle | MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F | ection orporations 7 |
| Enclosed | d is a check for | the following amount: | | |
| \$70.0 | 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 |



RECEIVED DEPARTMENT OF STATE

09 JUL 20 PM 12: 56

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2009

JAMES W. LANINE C & H MANAGEMENT INC 496 GERMAIN AVE. NAPLES, FL 34108

SUBJECT: C & H MANAGEMENT TEAM, INC.

Ref. Number: W09000031826

We have received your document for C & H MANAGEMENT TEAM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation can not serve as its own Registerd Agent. Please list the individual's name on line 9 that has signed accepting the duties as Registered Agent.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 109A00023790

signature applied to line 9
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A Forchis 1/10/19

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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.

| . C & H | MANAGEMENT, INC. | | | |
|---------------------|---|------------------|-------------------------------------|---------------------------------------|
| (Enter name of co | orporation; must include "INCORPC orp," "Inc," "Co," or "Corp.") |)RATED," "C | OMPANY," "CORPORATION | , |
| | | | | |
| C&H | MANAGEMENT TEAM, able in Florida, enter alternate corpor | INC. | | · · · · · · · · · · · · · · · · · · · |
| (If name unavaila | able in Florida, enter alternate corpor | ate name adopt | ted for the purpose of transacting | s business in Florida) |
| WYOMIN | Gunder the law of which it is incorpora | 3 | Applied FOR | |
| (State of country i | under the law of which it is incorpora | ated) | (FEI number, if appli | cable) |
| 6-10 | -09 of incorporation) | 5. | PERDETUAL | |
| (Date | of incorporation) | (Du | ration: Year corp. will cease to | exist or "perpetual") |
| No Bu | SINESS AT THIS TIME | | | |
| | (Date first transacted b | | ida, if prior to registration) | |
| | • | | .S., to determine penalty liability | <i>(</i>) |
| | 196 GERMAIN ARE (Principal of | NAPLES, F. | 1 34/08 | |
| | (Principal o | office address) | | |
| <i>Sx</i> | 1ye | | | |
| | (Current ma | ailing address) | | |
| | • | _ | • | |
| MAN | AGENENT SERVICES 7) of corporation authorized in home s | o other | COMPANIES | :4\ |
| (Purpose(s) | or corporation authorized in nome s | state or country | to be carried out in state of Flor | ida) |
| Name and street | t address of Florida registered age | ent: (P.O. Bo | x <u>NOT</u> acceptable) | |
| Name: | VAPLES, Fl 34108 | NC / | Will fores. | TA'S |
| rame. | 7 10 00 10 10 | James | DW Japens . p. c. | 2009 JUL 20 SECRETARY ALLAHASSI |
| ffice Address: | NAPICS, F1 34/08 | | | |
| | | | Florida | AR SS |
| | (City) | | (Zip code) | |
| o | | | · · · · · · · · | PH 4: |
| J. Registered ag | ent's acceptance: ed as registered agent and to acc | | | 유럽 🗜 🐸 |

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)

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: |
|---|
| A. DIRECTORS |
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| Address: |
| |
| Director: JAMES W. LANDIS |
| Address: 496 GERMAIN AVE |
| NAPLES, F1 34108 |
| Director: |
| Address: |
| |
| D. OFFICEDS |
| B. OFFICERS |
| President: TAMES W. LANDIS |
| Address: 496 GERMAN AVC |
| Naples, F1 34108 |
| Vice President: Josefy N I LANNIS |
| Address: 496 GERMAIN AVE |
| NAPLES, F1 34108 |
| Secretary: TERRI J LANDIS |
| Address: 727 Windune DR PITSBURGH, PA 15205 |
| Treasurer: |
| Address: 496 GERMAIN Ave NAPLES, KI 34108 |
| |
| 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) |
| (Signature of Director or Officer fisted in number 12 of the application) |
| 14. Director, president (Typed or printed name and capacity of person signing application) |

STATE OF WYOMING Office of the Secretary of State

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

C&H Management, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **June 10, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000570912**.

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 6th day of July, 2009 at 2:57 PM. This certificate is assigned 005600008.



May Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.