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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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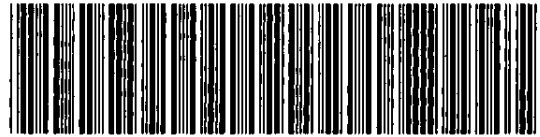
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

EP 11/10/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CARLISLE TRAVEL MANAGEMENT, 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," 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:

MARK BREITHAUP

Name of Person

CARLISLE TRAVEL MANAGEMENT, INC.

Firm/Company

6380 BRACKBILL BLVD.

Address

MECHANICSBURG, PA 17050

City/State and Zip code

MBREITHAUP@CARLISLECC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK BREITHAUP

Name of Person

at (717) 691-8600 EXT 3238

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 Cop ☐ \$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. CARLISLE TRAVEL MANAGEMENT, INC.

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

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

2. PENNSYLVANIA 3. 20-5600630
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 26, 2006 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DECEMBER 1, 2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6380 BRACKBILL BLVD, MECHANICSBURG, PA 17050
(Principal office address)

6380 BRACKBILL BLVD, MECHANICSBURG, PA 17050
(Current mailing address)

8. EQUIPMENT RENTAL AND LEASING
(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: PARACORP INCORPORATED

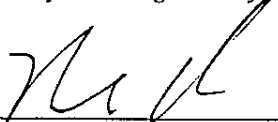
Office Address: 236 EAST 6TH AVENUE

TALLAHASSEE, Florida 32303
(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.

 NINH HO, ASST SECRETARY
(Registered agent's signature) PARACORP INCORPORATED

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: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: DAVE METZLER

Address: 6380 BRACKBILL BLVD

MECHANICSBURG, PA 17050

Vice President: DEBORAH M. KLINEYOUNG

Address: 6380 BRACKBILL BLVD

MECHANICSBURG, PA 17050

Secretary: MARK BREITHAAPT

Address: 6380 BRACKBILL BLVD, MECHANICSBURG, PA 17050

Treasurer: MARK BREITHAAPT

Address: 6380 BRACKBILL BLVD, MECHANICSBURG, PA 17050

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

13. *M Breithaupt*

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

14. MARK BREITHAAPT, SECRETARY

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 19, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

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TALLAHASSEE, FLORIDA

I DO HEREBY CERTIFY THAT,

CARLISLE TRAVEL MANAGEMENT, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.



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.

Pedro A. Cortis

Secretary of the Commonwealth