# F13000005564

(Re	questoi's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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BIVISION OF CORPORATIONS

14

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Loquora (onsulting Troug, 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:	
David Lynn Name of Person	
Name of Person	_
Sequoia Consulting Group, Inc. Firm/Company	
Seguoia Consulting Group, Inc	
7 Firm/Company	
1416 Fast 8th St.	
Address	
1416 East 8th St.  Address  York NE 68467  City/State and Zip code	
City/State and Zip code	
Davidly on @ Segunia Caron	
DavidLynn@ Sequilia c g.Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (317) 272-7011  Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status	



November 21, 2013

DAVID LYNN 1416 EAST 8TH ST. YORK, NE 68467

SUBJECT: SEQUOIA CONSULTING GROUP INC

Ref. Number: W13000064537

We have received your document for SEQUOIA CONSULTING GROUP INC and your check(s) totaling \$70.00. 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.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 113A00026955

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO	
1,	GN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
. Seguoil	oration; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of corpo "Inc.," "Co.," "Corp.	pration; must include "INCORPORATED," "COMPANY," "CORPORATION;" ""Inc," "Co," or "Corp.")	
Sequoia	in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Indiana	e: the law of which it is incorporated)  (FEI number, if applicable)	
4. July 30	2003 5. PERPETUAL (Duration: Year corp. will ccase to exist or "perpetual")	
	Incorporation) (Duration: Year corp. will ccase to exist or "perpetual")	,
6. October	(Date first transacted business in Florida, if prior to registration)	ž
	(Date first transacted dusiness in Proride, it prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	TYPHUN OF CORFORATION
7. 7754	COBBLESPRINGS DE, AVON, IN 46123	COR
	(Principal office address)	- 175 - 0,
	SAME SAME	RA
.,	(Current mailing address)	3
0.0		• •
8 HSSIST S	STATE: LUCAL AGRENICIES MAXIMIZE FEDERAL RECOVERIES  Stranger and State of Country to be carried out in state of Florida)	
(Purpose(s) of	reorporation authorized in nome state or country to be carried out in state of Florida)	
	ddress of Florida registered agent: (P.O. Box NOT acceptable)	
Name: A	Richard Mchaurhlin	
Office Address:	Richard Mchaughlin 2121 Rue Royale, Suite 410	
Office Address:	22700	
·-	Tallahassee, Florida 32308 (City) (Zip code)	
	(City) (Zip code)	
10. Registered agen	it's acceptance:  as registered agent and to accept service of process for the above stated corporation at the pla	CP.
	pilication, I hereby accept the appointment as registered agent and agree to act in this capacity	
further agree to com	uply with the provisions of all statutes relative to the proper and complete performance of my	
duties, and I am fam	illiar with and accept the obligations of my position as registered agent.	
D	tehout mohashli	
j	(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 Stale, 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 direct	es of officers and/or director:	s address	and busines	Names and	12.
--	---------------------------------	-----------	-------------	-----------	-----

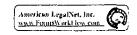
elut as as as	FILED
SECRE	TARY OF STATE OF GORFORATION
MUSICIA	OF CORFORATION

A. DIRECTORS	SECRETARY OF STATE DIVISION OF GORFORATION	
Chairman:	THE DEC 25 DU - T	
Address:		
Vice Chairman:		
.ddress:		
Director:		
address:		
pirector:		
ddress:	· · · · · · · · · · · · · · · · · · ·	
DAVID G. L.J.		
resident: <u>DAVID F. LYNN</u> Address: <u>1416 E. 85</u> ST		
YORK, NE 68467		
rice President:		
Address:		
ecretary: STEPHEN 5. DE MOUBIN		
address: 7827 GALRICK ST., FISHERS, IN	46038	
reasurer:		
Treasurer.		

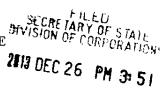
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

Stephen E. DE Moutoin, SECNETARY TO THE BOARD (Typed or printed name and capacity of person signing application)



## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greetings:

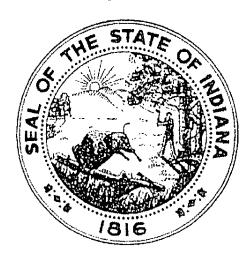
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### SEQUOIA CONSULTING GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 30, 2003, and was in existence or authorized to transact business in the State of Indiana on October 08, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighth Day of October, 2013.

Connie Lawson, Secretary of State

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