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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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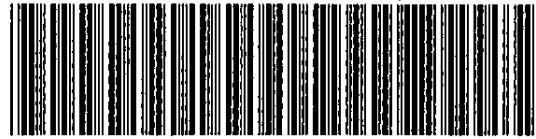
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 27 PM 2:19

[Handwritten signature]
1-31-14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: D J Koehn Consulting Services 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. ** verified with office 1/24/2014 that photocopy is acceptable from Delaware*

Please return all correspondence concerning this matter to the following:

David J. Koehn

Name of Person

D J Koehn Consulting Services INC.

Firm/Company

7430 Lake Breeze Drive Unit 313

Address

FORT MYERS FL 33907

City/State and Zip code

Koehndj@me.com

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

For further information concerning this matter, please call:

David J. Koehn

Name of Person

at (571)

309-7993

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

**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. D. J. KOEHN CONSULTING SERVICES 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. DELAWARE 3. 51-039751
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 3, 2000 5. "perpetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JAN 15, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7430 LAKE BREEZE DRIVE UNIT 313 FORT MYERS FL 33907
(Principal office address)

7430 LAKE BREEZE DRIVE UNIT 313 FORT MYERS FL 33907
(Current mailing address)

8. MANAGEMENT CONSULTING AND PSYCHOLOGICAL SERVICES
(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)

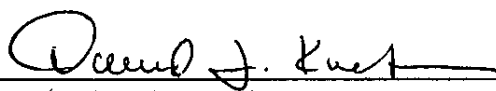
Name: DAVID J. KOEHN

Office Address: 7430 LAKE BREEZE DRIVE UNIT 313

FORT MYERS, Florida 33907
(City) (Zip code)

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.


(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.

RECEIVED
JAN 27 PM 2:19
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

A. DIRECTORS

Address: _____

Address: _____

Address: _____

Address: _____

President: David J. Koehn

Vice President: _____

Address: _____

Secretary: Rebecca L. Koehn

Treasurer: _____

Address: _____

13. David A. Koch

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.

14. David J. Koehn, President

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

Delaware

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The First State

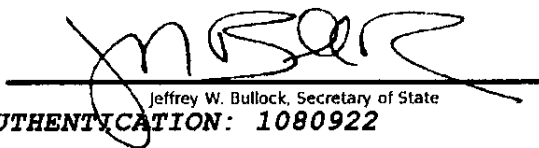
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "D. J. KOEHN CONSULTING SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2014.

3182784 8300

140085040

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1080922

DATE: 01-24-14