

F14000001679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

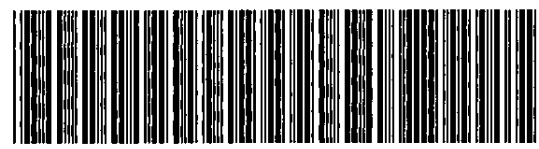
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

04/04/14--01025--023 **70.00

WIKI-22016 WMD 4/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stoltenberg 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," 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:

Sheri Stoltenberg
Name of Person
Stoltenberg Consulting Inc.
Firm/Company
5815 Library Road
Address
Bethel Park, PA 15102
City/State and Zip code
pgielata@stoltenberg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Gielata at 412-854-5688
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

April 7, 2014

SHERI STOLTENBERG
5815 LIBRARY ROAD
BETHEL PARK, PA 15102

SUBJECT: STOLTENBERG CONSULTING INC.
Ref. Number: W14000022016

We have received your document for STOLTENBERG CONSULTING 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 814A00007407

RECEIVED

14 APR 15 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 14, 2014

Florida Department of State
Division of Corporations
New Filing Department
2661 Executive Center Circle
Tallahassee, Florida 32301

ATTENTION: Maryanne Dickey, Regulatory Specialist II

Dear Ms. Dickey,

I have corrected the submitted form with the necessary information requested.

- The name of the company is now identical to the one of the Certificate of Excellence.
- The full incorporated date of October 13, 1995 has been added.

Please continue to process our application now that you have received the corrected information per your request.

Thank you,



Patti Gielata
Executive Assistant
Stoltenberg Consulting Inc.
pgielata@stoltenberg.com

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. Stoltenberg Consulting Incorporated
(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. 25-1773838
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1995 October 13, 1995 perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5815 Library Road Bethel Park, PA 15102
(Principal office address)

5815 Library Road Bethel Park, PA 15102
(Current mailing address)

8. To provide Healthcare IT services to the
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) industry

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

Name: Matthew A. Lapidus

Office Address: 345 Madiera Avenue

Coral Gables, Florida 33134
(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.

Matthew A. Lapidus
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: NA

Address: _____

Vice Chairman: NA

Address: _____

Director: NA

Address: _____

Director: NA

Address: _____

B. OFFICERS

President: Sheri Stottenberg CEO

Address: 5815 Library Road
Bethel Park, PA 15102

Vice President: Tom Schweitzer VP of Client Relations

Address: 5815 Library Road
Bethel Park, PA 15102

Secretary: NA

Address: _____

Treasurer: NA

Address: _____

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

13. Sheri Stottenberg CEO
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.

14. Sheri Stottenberg
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

JANUARY 16, 2014

FILED
14 APR 15 PM 4:51
SECRETARY OF STATE
PENNSYLVANIA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETINGS

I DO HEREBY CERTIFY THAT,

STOLTENBERG CONSULTING INCORPORATED

is duly incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

Carol A. Aichele

Secretary of the Commonwealth