

F14000000/901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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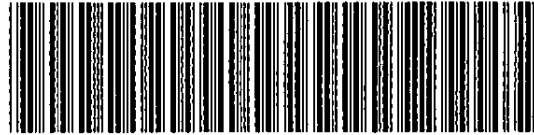
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 APR 30 AM 10:23

14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 113805 3405B

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : April 30, 2014

ORDER TIME : 3:14 PM

ORDER NO. : 113805-005

CUSTOMER NO: 3405B

FOREIGN FILINGS

NAME: L.J.G., INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**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. L.J.G., 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. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/04/1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon approval of authorization to transact business in Florida  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 300 North Pottstown Pike, Suite 110, Exton, PA 19341  
(Principal office address)
- 300 North Pottstown Pike, Suite 110, Exton, PA 19341  
(Current mailing address)
8. Employment placement services and any other lawful purposes  
(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: Corporation Service Company
- Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Sue G. Knight  
(Registered agent's signature)

**Sue G. Knight**  
**Assistant Vice President**

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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2014 APR 30 AM 10:23

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

**A. DIRECTORS**

Chairman: Lawrence J. Goren

Address: 38 Wood View Drive, Mount Laurel, NJ 08054

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Lawrence J. Goren

Address: 38 Wood View Drive, Mount Laurel, NJ 08054

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Lawrence J. Goren

Address: 38 Wood View Drive, Mount Laurel, NJ 08054

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Lawrence J. Goren

Address: 38 Wood View Drive, Mount Laurel, NJ 08054

Treasurer: Lawrence J. Goren

Address: 38 Wood View Drive, Mount Laurel, NJ 08054

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

13. [Signature]  
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. Lawrence J. Goren, President

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

APRIL 29, 2014

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 APR 30 AM 10:23

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**L.J.G., INC.**

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.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth