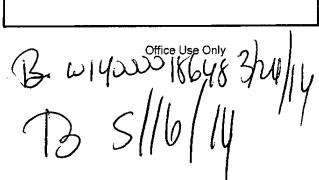
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(Re	questor's Name)	
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### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of o	orporation; must include "INC orp," "Inc," "Co," or "Corp.")	ORPORATED," I	COMPANY,	" "CORPORATION,"	<del></del>
(If name unavails	ble in Florida, enter alternate	corporate name ado	pted for the	ourpose of transacting business	in Florida)
Penn	sylvania.	3,	<i>ي</i> 3 -	(FEI number, if applicable)	<u>.</u>
36	111995	5	Por	ar corp. will cease to exist or "p	<del></del>
					erbemaj,)
	April 2009 (Date first transi		<del></del>		····
•	(Date first transf (SEE SECTIONS 607	ected business in Fl 7.1501 & 607.1502,	orida, if prior , F.S., to dete	r to registration) rmine penalty liability)	
<u>Same</u>	(Curr	ent mailing address	)	of Passia, PF	
- Investine	of corporation authorized in h	A advice	v to be carrie	ed out in state of Florida)	TE MAY 15 AM 10: 31
• • • • • • • • • • • • • • • • • • • •	•		•	•	7
Name and arcel	address of Florida register	<u>.</u>	OK <u>IUI</u> BO	cceptable)	D-
Name:	Michael Mc	Cart	_		<b>X</b>
fice Address:	5237 Summ	erlin Co	m mons	Blad	AM 10: 31
	5237 Summ Fort Myss (City)	- <u></u>	_, Plorida_	33907 (Zip code)	<del>-</del>
Registered ago ving been name ignated in this o ther agree to co	ent's acceptance: d as registered agent and t application, I hereby accep	o accept service of the appointmen fall statutes relat	of process fo t as register tive to the p	or the above stated corporate red agent and agree to act in roper and complete perform	this capacity. I

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 oustody 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: Jeffrey M Schweitzer 18964 PA Vice Chairman: Kenneth DHochstelle-PA 18964 Suto 210 Director: Address: \_\_\_\_\_555 **B. OFFICERS** President: \_ Kevia 210 Vice President: Rd. Suite 210 Address: \_\_\_\_ of Prossia PA 19406 Secretary: \_ Karen PA 18964 Main Street Sounderton Address: 14 PA Worth Main Street Souderton

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

13. 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. Lisa M Colon Senior Vice President
(Typed or printed name and capacity of person signing application)

rofilm Number	•	r	Filed with the	Department of Stare	on <u>1148</u> 0	3 1
		* ; ;			1	
ity Number 2625 932	) 		COMP .			
			MOTHERS SI	erretary of the Con	monwealth	1.
AR	ricles of in	ICORPORA OF	TION-FOR I	PROFIT		
	GIRA	RD PARTNERS	LTD.	<del></del>		
. •	A TYPE OF CO	Name of Corpo		OW		
cate type of domestic corporation	on:					
Business-stock (15 Pa.C.S. § 13	306)	Man	agement (15 Pa	ı.C.S. § 2702)		
Business-nonstock (15 Pa.C.S.	§ 2102)	Prof	essional (15 Pa	.C.S. § 2903)		
Business-statutory close (15 Pa	a.C.S. § 2303)	Insu	rance (15 Pa.C.	S. § 3101)		
	Cooperative (15 F	a.C.S. § 7102)				
DSCE	3:15-1306/2102/23	03/2702/2903/	3101/7102A (Re	v 91)		
In compliance with the req corporated associations) the und he name of the corporation is:	lersigned, desiring	to incorporate	rovisions of 15 a corporation f	Pa.C.S. (relating to profit hereby, state	to corporation le(s) that:	s an
the name of the corporation is:	lersigned, desiring  G1rard Part:  n's initial registere	to incorporate	a corporation f	or profit hereby, stat	te(s) that:	<u>-</u>
the name of the corporation is: the (a) address of this corporation is: fice provider and the county of vicinity and vici	lersigned, desiring  G1rard Part:  n's initial registere enue is:	ners Ltd.	a corporation f	or profit hereby, state	te(s) that:	
ne name of the corporation is: ne (a) address of this corporation lice provider and the county of violation is: 770 Hedges Lane Number and Street	lersigned, desiring  G1rard Part:  n's initial registere	to incorporate	a corporation f	or profit hereby, stat	te(s) that:	
the name of the corporation is:	lersigned, desiring  G1rard Part:  n's initial registere enue is:  Strafford  City	ners Ltd.  d office in this	corporation for a corporation	or (b) name of its continuous	te(s) that:	
the name of the corporation is:	dersigned, desiring  G1rard Part:  n's initial registere enue is:  Strafford  City  Office Provider	ners Ltd.  d office in this	Commonwealth	or (b) name of its conty  County	e(s) that:	stere
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D	SCB:15-1306/2102/2303/2702/2903/3101/7102A (Rev 91)-2
7.	Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.
3,	Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a 'public offering' within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.).  N/A
),	Cooperative corporations only: (Complete and strike out inapplicable term) The common bond of membership
	among its members/shareholders is: N/A
4	TESTIMONY WHEREOF, the incorporator(s) has (leave) signed these Articles of Incorporation this 8th day of
	March 1995  Paule J. Bradlen
	Haule J. Madely.

(Signature)

(Signature)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

#### **FEBRUARY 28, 2014**

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

#### **GIRARD PARTNERS LTD.**

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of
ARTICLES OF INCORPORATION filed on March 9, 1995
which appear of record in this department.



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.

Case Wille

Secretary of the Commonwealth