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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113

fax Number

: (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION TAYGUN, P.C., P.A.

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**2**002

## 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.

or the law of which it is incorporated)  8 5. corporation)  (Date first transacted business it (SEE SECTIONS 607.1501 & 607.1  farket Street, Pottsville (Principal office add	rest)
One first transacted business is (SEE SECTIONS 607.1301 & 607.1  Market Street, Pottsville, (Principal office add	Perpetual  (Duration: Year cosp. will coase to exist or "perpetual")  a Florida, if prior to registration)  502, P.S., to determine penalty liability)  PA 17901  rest)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 (STREET) (Principal office add (Current mailing add	(Duration: Year cosp. will ocase to exist or "perpetual")  n Florida, if prior to registration)  502, P.S., to determine penalty liability)  PA 17901  ress)
(SEE SECTIONS 607.1501 & 607.1  Iarket Street, Potisville, (Principal office add (Correct mailing add	502, P.S., to determine penalty liability) , PA 17901 tress)
larket Street, Pottsville (Principal office add	, PA 17901 tress)
(Principal office add	rest)
	ireas)
hann of Manick reconstructed and the f	
Vhitney Shoemaker	O. Bex NOT acceptable)
95 Coquina Court	
rmond Beach	, Florida 32176 (Zip code)
(City)	(Zip code)
ication, I hereby accept the appoint	ice of process for the above stated corporation at the p ment as registered agent and agree to act in this capa- relative to the proper and complete performance of m I my position as registered agent.
	mond Beach (City)  ***complaints: **registered agent and to accept servication, I hereby accept the appoint y with the provisions of all statutes.

10. Attached is a certificate of existence duly sufficient, 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Whitney Shoemaker	
Address: 1816 West Market Street	
Pottsville, PA 17901	
Vice Chairman;	<del></del>
	<del></del>
Address	
Directors	<del></del>
Address:	
Director:	
Address:	<u> </u>
	2
B. OFFICERS	٠
President: Whitney Shoemaker	三
Address: 1816 West Market Street	<del></del>
Pottsville, PA 17901	తు
Vice President:	
Address:	
Secretary:	
Address:	
Tresturer:	
Address:	<del></del>
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.	
12. Signature of Director or Officer	<del></del>
The officer of director signing this document (and who is listed in number 12 above) affirms that the facts stated be	rein
are true and that he or she is aware that false information submitted in a document to the Department of State coast a third degree felony as provided for in s.817.155, F.S.	itutes
13. Whitney Shoemaker, President	
(Typed or printed mame and capacity of person signing application)	

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JUNE 23, 2014** 

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

I DO HEREBY CERTIFY THAT,

### TAYGUN, P.C.

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.

Secretary of the Commonwealth

Certification Number: 11936005-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp