

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

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

FOREIGN PROFIT/NONPROFIT CORPORATION FLEXIBLE COMPENSATORS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

Help

under the law of which it is incorporated.

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.

| (State or country under the law of which it is incorporated) | | _{3.} 22-3144870 | | |
|---|---|---|--------------------------|---------|
| | | (FEI number, if applicable) | | |
| | | (Duration: Year corp. will casse to exist or "perpetual") | | |
| | | | | 6864 Ch |
| | (Corrent mailing a | ddress) | | |
| Name and stre | nt address of Florida registered agent: (| P.O. Box <u>NOT</u> acceptable) | | |
| Name: | James Wall | | 1.453.05.0 1.453.05.0 | |
| ffice Address: | 3080 Grand Bay Blvd., Uni | t 515 | | |
| | Longboat Key | Florida 34220 (Zip code) | | |
| | (City) | (Zip code) | ÷ : 69 | |
| laving been nameslesignated in this exignated in this erther agree to c | at's acceptance: ed as registered agent and to accept se application, I hereby accept the appoi empty with the provisions of all statute millar with and accept the obligations | ntment as registered agent and agree 3 relative to the proper and complete | to act in this capacity. | |

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| 11. Names and business addresses of officers and/or directors: | FILED | |
|---|---|--|
| A. DIRECTORS | 14 AUG -4 PM 1:49 | |
| Chairman; James Wall . | 800000 4 FM 1: 49 | |
| 6864 Chrisphalt Drive, Bath, PA 18014 | SEGNETARY OF STATE TALLAHASSEE, PLONDA | |
| | - The William | |
| Vice Chairman: | | |
| Address: | · | |
| | <u> </u> | |
| Director: | | |
| Address | | |
| | | |
| Director: | , | |
| Address: | | |
| | · · · · · · · · · · · · · · · · · · · | |
| B. OFFICERS | • | |
| President: James Wall | | |
| Address: 6864 Chrisphalt Drive, Bath, PA 18014 | | |
| | | |
| Vice President: | | |
| Address: | · · · · · · · · · · · · · · · · · · · | |
| Inna AALI | | |
| Secretary: James Wall | <u> </u> | |
| 6864 Chrisphalt Drive, Bath, PA 18014 | | |
| James Wall | , | |
| 6864 Chrisphalt Drive, Bath, PA 18014 | | |
| NOTE: If necessary, you may attach an addendum to the application listing additions | al officers and/or directors. | |
| 12 Signature of Director or Officer | ••• | |
| The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to ta third degree felony as provided for in s.817.155, F.S. | affirms that the facts stated herein the Department of State constitutes | |
| 13. James Wall, President | | |
| (Typed or printed name and capacity of person signing applic | ation). | |

08/04/2014 11:10 FAX 215 977 9386

M BURR KEIM CO

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

AUGUST 4, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FLEXIBLE COMPENSATORS, 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.

Care Childe

Secretary of the Commonwealth

Certification Number: 12022622-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/scskb/verify.asp