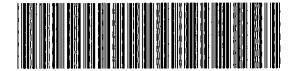
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(Rec	questor's Name)		
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(City	//State/Zip/Phone	#)	
. PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

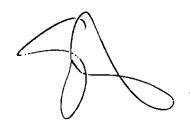
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SECRETARY OF STATE
TALLAHASSEE





ACCOUNT	NO.	:	120000000195

REFERENCE : 267730 7121888

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 22, 2014

ORDER TIME : 1:57 PM

ORDER NO. : 267730-005

CUSTOMER NO: 7121888

FOREIGN FILINGS

NAME: IROQUOIS NEW ENGLAND, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:		Inc.	
SUBJECT:		on - must include suffix	
Dear Sir or M	ladam:		
The enclosed "Certificate o	"Application by Foreign Corporation for fexistence," or "Certificate of Good Stated foreign corporation to transact busing	anding" and check are sub	
Please return	all correspondence concerning this matt	er to the following:	
Laurie A	A Branch, Assistant Sec	retary	
	Name o	f Person	
Iroquois	New England, Inc.		
	Firm/Co	mpany	
PO Box	806		
	Add	ress	
Olean, I	NY 14760		
		and Zip code	
licensing	@iroquoisgroup.com		
For further in	E-mail address: (to be used formation concerning this matter, please	•	ionneation)
Laurie A	Branch 31,716	, 373-5511	
Name	· · · · · · · · · · · · · · · · · · ·	Code & Daytime Telepho	one Number
New I Divisi Clifto 2661	EET/COURIER ADDRESS: Filing Section on of Corporations n Building Executive Center Circle nassee, FL 32301	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F.	ction rporations
Enclosed is a	check for the following amount:		
□ \$70.00 Fili		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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. Iroquois New	England, Inc.					
(Enter name of c	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
Delaware	lable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busine 263892584	ess in Flori	ida)	
2. (State or country	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)			
11/17/2008	•	_	perpetual			
4. (Date	e of incorporation)	٥.	(Duration: Year corp. will cease to exist or	r "perpetua	al")	
6. Upon Qualifica	ation		,	. ,	,	
/	Principal office (Principal office) (Principal office) (Current mailing)	808 addi	, 			
	(Current maning)	aoui	ess)			
3. Insurance Agg	gregator			200	~ FE	
-	et address of Florida registered agent: (Corporation Service Company		•	CRETARY O	AUG 22	-
Office Address:	1201 Hays Street			FLOIF TVS A	0 :8 W	(
	Tallahassee		32301 , Florida	哥角	00	
	(City)		(Zip code)	- E		

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.

By: Emily Gray
Asst. Vice President

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.

12. Names and business addresses of officers and/or directors:	
À. DIRECTORS	
Chairman: See Attached	
Address:	
Vice Chairman:	
Address:	_
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	_
See Attached	
	_
Address:	_
	-
Vice President:	
Address:	_
Secretary:	
Address:	
Treasurer:	
Address:	
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 constitute a third degree felony as provided for in s.817.155, F.S.	
Laurie A Branch, Assistant Secretary	

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

Officers - Iroquois New England, Inc.

FEIN 26-3892584

State of Incorp. DE

Number of Auth, Shares:

0

Date of Incorp: 11/17/2008

Class of Shares: Par Value:

Wednesday, July 16, 2014

Gender: F

Address:

Laurie A Branch

304 VanBuren Avenue

Term does not expire

Olean NY 14760

Director

Chairman

Treasurer
Ass't Secretary

Army L Branch-Benotiel

; Gender: F

Address:

520 East Gravers Lane

Term does not expire

Wyndmoor PA 19038

Director Secretary

Joseph G Chiapuso

l Gender: M

Address:

1729 Moody Hollow Road

Term does not expire

Eldred PA 16731

Director

Vice President

Matthew L Ward

Gender: M

Address:

11202 Buckhead Ct.

Term does not expire

Midlothian VA 23112

Director President

Shareholders

Name Kappabranch Inc. Type Corporate Shares 66.66

res Percent

Address:

Matthew L Ward

Individual

33

33.33%

66.66%

Address:

11202 Buckhead Ct.

Midlothian VA 23112

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IROQUOIS NEW ENGLAND, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IROQUOIS NEW ENGLAND, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4623675 8300

141083523

Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 1629018

DATE: 08-18-14

fou may verify this certificate online at coro.delaware.gov/authver.shtml