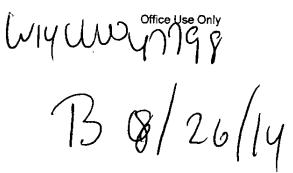
F1400003564

| (Re | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
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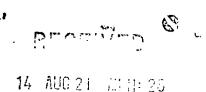
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類 AUG 21 PH 12:00







FLORIDA DEPARTMENT OF STATE Division of Corporations ALLAHADSEE, FLORIDA

August 5, 2014

ROSEMARY WHITE WICK FISHER WHITE 111 S. INDEPENDENCE MALL EAST - SUITE 40 PHILADELPHIA, PA 19106

SUBJECT: WICK FISHER WHITE CORPORATION

Ref. Number: W14000047798

We have received your document for WICK FISHER WHITE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 614A00016759

COVER LETTER

| TO: | O: New Filing Section Division of Corporations | | | | | |
|-------------|--|--|---------------|---|--|--|
| SUBJ | ECT: | Wick Fisher White | : | | | |
| | _ | Name of corp | oration - mu | st include suffix | | |
| Dear S | ir or Madam: | | | | | |
| "Certi | ficate of Existe | cation by Foreign Corporatince," or "Certificate of Goeign corporation to transact | od Standing | ' and check are sul | | |
| Please | return all corre | espondence concerning this | matter to th | e following: | | |
| | | Rosemary White | | | | |
| | | Na | ame of Perso | n | | |
| | | Wick Fisher White | | | | |
| | | Fir | m/Company | , . | - · · · · · · · · · · · · · · · · · · · | |
| | | 111 S. Independen | ce Mall I | Eást - Suite 4 | 00 | |
| | | | Address | | | |
| | | Philadelphia, PA | 19106 | | | |
| | | City/ | State and Zi | p code | | |
| | | rwhite@wfweng.com | | | | |
| | | E-mail address: (to be | e used for fu | ture annual report | notification) | |
| For fu | ther information | on concerning this matter, p | olease call: | | | |
| Ro | semary Whi | te at (| 215) | 627-0200 | | |
| | Name of Per | | | & Daytime Teleph | one Number | |
| | New Filing S Division of C Clifton Build 2661 Executi Tallahassee, | Corporations ing ve Center Circle FL 32301 | | MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F | ection orporations 7 | |
| Enclos | ed is a check for | or the following amount: | | | | |
| 57 (| 0.00 Filing Fee | S78.75 Filing Fee & Certificate of Statu | | 3.75 Filing Fee & tified Copy | □ \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

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.

| (If | name unavailable in Florida, enter alternate corporate na | ame ad | lopted for the purpose of transacting business in Florida) | - | |
|-----------------|---|-------------------------------------|---|-------------|-------------------|
| 2 | Pennsylvania | | 23-2747369 | - | |
| (9 | state or country under the law of which it is incorporated |) | (FEI number, if applicable) | | |
| 4 | 1993 | 5 | | _ | |
| | (Date of incorporation) | (| Duration: Year corp. will cease to exist or "perpetual") | | |
| | (Date first transacted busine | ess in I | lorida, if prior to registration) | - | |
| 7 | (SEE SECTIONS 607.1501 & 60 111 S. Independence Mall East, (Principal office | 07.150 Su <u>i</u> t addre | | <u>-</u> | |
| 7 | (SEE SECTIONS 607.1501 & 60 111 S. Independence Mall East, (Principal office | 07.150 Su <u>i</u> t addre | 2, F.S., to determine penalty liability) te 400. Philadelphia. PA 19106 ss) | - | |
| 7 — 8. Na | (SEE SECTIONS 607.1501 & 60 111 S. Independence Mall East, (Principal office | Suit address address | 2, F.S., to determine penalty liability) te 400. Philadelphia. PA 19106 ss) Ss) Box NOT acceptable) | | JUNE HEISTANG |
| | (SEE SECTIONS 607.1501 & 60 111 S. Independence Mall East, (Principal office same as above (Current mailing) me and street address of Florida registered agent: | Sui: address address (P.O. | 2, F.S., to determine penalty liability) te 400. Philadelphia. PA 19106 ss) Box NOT acceptable) | <u>></u> | SEASON SERVICES |
| | (SEE SECTIONS 607.1501 & 60 111 S. Independence Mall East, (Principal office same as above (Current mailing me and street address of Florida registered agent: Name: Dan Keen e Address: 3030 N. Rocky Point Drive | Sui: address address (P.O. | 2, F.S., to determine penalty liability) te 400. Philadelphia. PA 19106 ss) Box NOT acceptable) | <u>></u> | TAN SENS HOUSIALS |

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.

> Dan Keen - President (Registered agent's signature)

10. 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.

| Chairman: | <u> </u> | | |
|-------------|---|--------------|---|
| Address: _ | | | • |
| Vice Chair | man: | | |
| Address: _ | | | |
| Director: _ | | | |
| Address: _ | | NUG AUG | 401S/A 466 8/8/8/5 |
| Director: _ | ・ 「「「「「「」」」」、「「「」」、「「」」、「「」」、「「」」、「」、「」、「」 | 2 | 9 13 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Address: _ | | 0 :CI H4 | |
| B. OFFI | | - | 150 |
| | Anthony M. DiLeonardo | | |
| Address: _ | 111 S. Independence Mall East - Suite 400 | | |
| - | Philadelphia, PA 19106 | | |
| Vice Presid | ent: Stephen P. White | | |
| Address: _ | Philadelphia, PA 19106 | 54 | <u>ik</u> |
| Secretary: | Stephen P. White | | |
| Address: _ | same as above: 11 5 Didepartie may that - Sul | (k | 40 |
| Treasurer: | Jamess Ernst Phindelphia Poll | 970 | 6 |
| Address: _ | same as above III & Indiardia mail Enst- | Su | te |
| NOTE: I | Phiad has PA 1810 f necessary, you may attach an addendum to the application listing additional officers and/or direct | ors. | |
| 12 | Salie | | |
| - | Signature of Director or Officer | | |

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 11, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Wick Fisher White, 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.

Secretary of the Commonwealth