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FOREIGN PROFIT/NONPROFIT CORPORATION

Gail Coffey Consulting, Inc.

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H14000200559 3 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. GAIL COFFEY CONSULTING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

	(If name unavailable in Florida, enter alternate corporate na	ume a	dopted for the purpose of transacting bu	siness in F	lorida)		
2.	VIRGINIA	3.	20-2135048				
	(State or country under the law of which it is incorporated)		(FEI number, if applicab	le)			
4.	FEBRUARY 04, 2005	5.	PERPETUAL				
	(Date of incorporation)		(Duration: Year corp. will cease to exis	it or "perpe	tual")		
6.	UPON QUALIFICATION						
			Florida, if prior to registration) 02, F.S., to determine penalty liability)				
7.	7. 36181 E LAKE ROAD #379, PALM HARBOR, FLORIDA 34785						
	(Principal office	addr	cs5)				
	36181 E LAKE ROAD #379, PALM	HA	RBOR, FLORIDA 34785				
	(Current mailing	addr	cs s)				
8.	ANY LAWFUL PURPOSE						
	(Purpose(s) of corporation authorized in home state of	or cou	intry to be carried out in state of Florida)			
9.	Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)				
	Name: GAIL COFFEY				14		
0	ffice Address: <u>3163 CHARTER CLUB DRI</u>	VE :	<u>#A</u>		AUS		
	TARPON SPRINGS		, Florida 34688	03.2	26		
	(City)		(Zip code)		1.5		

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.

(Registered age

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.

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12. Names and	business addresses of officers and/or directors:	H1400020	0559 3
A. DIRECTO	RS		
Chairman:			
Address:			<u> </u>
Vice Chairman:			
Address:			
Director:	GAIL COFFEY	· · · · · · · · · · · · · · · · · · ·	······
Address:3	163 CHARTER CLUB DRIVE, T		
B. OFFICERS	· · · · · · · · · · · · · · · · · · ·		
President:	AIL COFFEY		
Address:31	63 CHARTER CLUB DRIVE, TARPON	SPRINGS, FLORIDA 34688	
		<u></u>	4 20
Vice President:			
			N N
			1. J. J. J
Secretary:			
	ssary, you may attach an addendum to the applic		
			CULUIS.
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(Typed or printed name and capacity of person signing application)

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Gail Coffey Consulting, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is February 4, 2005;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: August 25, 2014

Joel H. Peck, Clerk of the Commission

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