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| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | ddress) | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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CLUBE LAWY OF STATE

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COVER LETTER

| TO: New Filing Section Division of Corpora | ntions | | |
|---|--|--|--|
| SUBJECT: LOL | ONIAL VOLKS | WAGEN, INC | |
| | Name of corporati | on - must include suffix | |
| Dear Sir or Madam: | | | |
| | or "Certificate of Good S | for Authorization to Transact tanding" and check are subminess in Florida. | |
| Please return all correspond | lence concerning this mat | ter to the following: | |
| ERI | C STAMPS Name | | |
| | Name | of Person | |
| CALAN | INI VOLKSIA | MAGEN FNC. | |
| | Firm/C | USGEN, FNC. | |
| 20 | O W. STRE | ET KONA | |
| | Ad | dress | |
| FEA | STERVILLE TA | EYOSE PA | 19053-7018 |
| | City/Stat | e and Zip code | |
| | ERIC. STAMP | ed for future annual report no | EASING. Com |
| | E-mail address: (to be use | ed for future annual report no | otification) |
| For further information cor | ncerning this matter, pleas | se call: | |
| Jusy'S | sick at (2) | ea Code & Daytime Telepho | 73 |
| Name of Person | · Af | ea Code & Daytime Telepho | ne number |
| STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce | rations enter Circle | MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI | ction rporations |
| Tallahassee, FL 3 | 2301 | | |
| Enclosed is a check for the | following amount: | | |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status |

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| REGISTER A FORE | WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF COMPANY, "CORPORATED," "COMPANY," "CORPORATED," "COMPANY," "CORPORATED," | F FLORIDA. |
|---|--|----------------------------|
| (Enter name of cor "Inc.," "Co.," "Cor | poration; must include "INCORPORATED," "COMPANY," "CORPORATI p," "Inc," "Co," or "Corp.") | ION," |
| (If name unavailab | ole in Florida, enter alternate corporate name adopted for the purpose of transa- | cting business in Florida) |
| 2. PENN | USYLVANIA under the Jaw of which it is incorporated) 3. 23-2973 (FEI number, it | 1195 |
| (State or country | under the law of which it is incorporated) (FEI number, if | f applicable) |
| 4 . 7 | of incorporation) 5. PERPETUAL (Duration: Year corp. will ceas | |
| (Date & | of incorporation) (Duration: Year corp. will ceas | e to exist or "perpetual") |
| 6N | /4 | |
| , | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lia | |
| 7. 4120 | (Principal office address) | 7 |
| | (Principal office address) | A PR |
| | (Current mailing address) | 1 |
| 8. Name and street | address of Florida registered agent: (P.O. Box NOT acceptable) | ~ |
| Name: | NANCY C. VALGARCE, ESQ. HIDONW DS St MINU! TZ 33142, Florida (Cita) | |
| Office Address: | 4120 NW 28 Sl | |
| | MIAMI P2 33/4) | |
| | (City) (Zip code) | |
| O Pagistanal ages | ntla accontance | |
| | ed as registered agent and to accept service of process for the above s | |
| further agree to co | application, I hereby accept the appointment as registered agent and imply with the provisions of all statutes relative to the proper and con imiliar with and accept the obligations of my position as registered a | nplete performance of my |
| | | |
| < | Street Street | |
| | (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.

11. Name's and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: ______ Director: Address: _____ Address: **B. OFFICERS** President: ERIC STAMPS FEASTERVILLE TREVOSE, PA 19053-7818 Vice President: WILLIAM STAMPS FEASTANVILLE TREVOSE, PA 19053-7812 Secretary: WILLIAM STAMPS 5/1/4______ Treasurer: _____ Address: ___ Volumay attach an addendum to the application listing additional officers and/or directors. 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 constitutes a third degree felony as provided for in s.817.155, F.S. VICE PRESIDENT WILLIAM STAMPS
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MARCH 3, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COLONIAL VOLKSWAGEN, 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.

Acting Secretary of the Commonwealth

Pedus a. Contés

Certification Number: 12454731-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp