(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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15 APR 15 AH 8:42

1115-26326

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 588162 7598887 AUTHORIZATION COST LIMIT ORDER DATE: April 14, 2015 ORDER TIME : 1:22 PM ORDER NO. : 588162-005 CUSTOMER NO: 7598887 FOREIGN FILINGS NAME: MARQUIS CONSULTING SERVICES, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



April 16, 2015

CORPORATION SERVICE COMPANY ATTN: COURTNEY WILLIAMS

SUBJECT: MARQUIS CONSULTING SERVICES, INC.

Ref. Number: W15000026320

We have received your document for MARQUIS CONSULTING SERVICES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The entity's date of incorporation/organization must be listed in the document.

The entity date of incorporation must match the date on the Certificate of Status - 12/26/2001.

Please return 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.

Maryanne Dickey Regulatory Specialist II

•

Letter Number: 315A00007546

## COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: MANUAL SPRUICES  Name of corporation   must include suffix  Dear Sir or Madam:  The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:  STOPHIC CHARGES SPRUICES INC.  Firm/Company  2914 Independence Drive Address						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Stephen Company  Name of Person  Firm/Company						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Stephine Characteristics  Name of Person  Individual Consumption of Person  Firm/Company						
"Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this matter to the following:  Stephyne Charles Corporation  Name of Person  Firm/Company						
Stephine Chargenti Name of Person Harquis Consulting Services Inc.						
Name of Person  I- (U) (1) IS (O) SO (1) COS (C)  Firm/Company)						
Name of Person  I- (U) (1) IS (O) SO (1) COS (C)  Firm/Company)						
71001000						
7.744.690						
Fort Wayne IN 46308 City/State and Zip code						
City/State and Zip code  On the Coverage of th						
For further information concerning this matter, please call:						
Britani Wester at 512 257.3905  Name of Person Area Code & Daytime Telephone Number						
Mane to reison Alea Code & Dayume relephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
New Filing Section Division of Corporations  New Filing Section Division of Corporations						
Clifton Building P.O. Box 6327						
7661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee Solution Status S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy						

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E HITH SECTION 607. ISB3, FLORI. REIGN CORPORATION TO TRANS.				סד ט	
(Enter name of co	orporation; must include "INCORPORA"  orp., "Ine," "Co," or "Corp.")	TED," "COMPAN	\( IY," "CORPORATI	ON,"	· ·	,
MARQUIS	S ID SYSTEMS, A GEMA	ALTO COM	PANY		#     **	
(If name unavolla	ble in Florida, enter alternate corporate r	name adopted for th	re purpose of transac	ting business in F	lorida)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2. Indiar	<u>1</u> a		<u> </u>	512	<u> </u>	15
(State or country	under the law of which it is incorporate	d)	(FEI number, if	applicable)		
4. 12/2		_ 5 <del>DL</del> 1	petual	<del></del>		س) چيد
filale (	al'lindörporation)		Year corp, will cease	to exist or "perpe	tual")	8:42
6	5/1	2015				$\sim$
	(Date first transacted busin (SEE SECTIONS 607 1501 & 6	iess in Florida, il pi i07,1502, F.S., io d	nor to registration) etermine penalty lial	oility)		
7. 2914	Independence De	12 FXT	Dayo	· 10 46	<u> </u>	
2914	Independence _ []		+ Wayr	ne 110 u	<u>10808</u>	<b>&gt;</b>
	(34,147)	,				
8. Name and street	address of Florida registered agent:	(P.O. Box NOT	acceptable)			
Name:	Corporation Service Compay					
Office Address:	1201 Hays Street					
	Tallahassee	. Florid	a 32301			
	(City)	,	(Zip code)			
lesignated in this a jurther agree to con	t's acceptance: d as registered agent and to accept s pplication, I hereby accept the appo appy with the provisions of all status niliar with and accept the obligation	ointment as regis tes relative to the	tered agent and ag proper and comp	gree to act in thi lete performanc	is capacity,	
	Bleyd	20/1	L	Agelstant V	<b>By Isbert</b> Vice Pres	ident
	(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.

U. Names and business addresses of officers and/or directo:s:	5 APR 18
A. DIRECTORS	
Chairman: Neville Pattinson	
Address: CHO? Capital Of TX May N Sing 2-100	
AUSTICA: TX 78759.	
Vice Chairman:	
Address:	
Director:	hannan allan eran yan e yannap anar y
Address:	
	<del></del>
Director	
Address	
	······································
B. OFFICERS	
President: NOVILLE PORTIOSON	
Address: 9442 (Cypital Of TX HWY N Spite 7-100)	<del></del> -
Hushin, TX 18759	<del></del>
Vice President: Stelle Stelle Stelle Stelle	
Address: 2914 WOLFORGORNOS DIVE	
Secretary Zara Roberts Gerald	·
	<u>-1 46</u> 405
Address: IDG FORE Drive Montgomen ville PA 189310	
<del>,                                    </del>	
NOTE: If necessary, you may uttach 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 are true and that he or she is aware that false information submitted in a document to the Department of State co a third degree felony as provided for in s.617.155, F.S.	l herein Institutes
13. <u>Lynn De Palma - Treasurer</u> (Typed or printed name and capacity of person signing application)	······································

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

### MARQUIS CONSULTING SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 26, 2001, and was in existence or authorized to transact business in the State of Indiana on April 15, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whercof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of April, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

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