F15000002061

(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:				

MISUW 26681

MAY 1 3 2014

T. SCOTT



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April 24, 2015

ALAN ANDERSEN LTD. 736 STEELVILLE RD COCHRANVILLE, PA 19330

SUBJECT: ALAN ANDERSEN LTD. Ref. Number: W15000026681

We have received your document for ALAN ANDERSEN LTD. 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 515A00007656

COVER LETTER

TO: New Filing Section Division of Corporations			
Alan Andersen it	K.		
SUBJECT: N	ame of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate above referenced foreign corporation	ficate of Good St	tanding" and check are sut	
Please return all correspondence con Alan Andersen	cerning this mat	ter to the following:	
	Name o	of Person	
Alan Andersel INC.			
736 Steelville Rd.	Firm/Co	ompany	
Cochranville, Pa. 19330	Ade	dress	
alan@andersenandstauffer.co		and Zip code	
E-mail ad	dress: (to be use	d for future annual report	notification)
For further information concerning to	his matter, please	e call:	
Alan Andersen	610 _ at (_	593-7263	
Name of Person		a Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following	amount:		
	Filing Fee & ate of Status	□ \$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. Alan Andersen; LTO , 1hc (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware USA 23-2691862 (FEI number, if applicable) (State or country under the law of which it is incorporated) 06-01-1992 perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Cochranville, Pa. 19330 736 Steelville Rd.. (Principal office address) 736 Steelville RD.. Cochranville, Pa. 19330 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DEMARLO · COUDANTE # U-21849 Name: JOB Office Address: BEACH Florida 33480
(City) (Zip code) 9. 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 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. Names and business addresses of officers and/or directors: A. DIRECTORS Alan Andersen Chairman: 736 Steelville Rd., Cochranville, Pa. 19330 Address: Vice Chairman: Address: **B. OFFICERS** President: ALAW ANDERSSE Address: 736 STEELVILLE RD. COCH (LANVILLE, PA 19330 Vice President: Address: _ Secretary: Address: Treasurer: Address: _ NOTE: If necessary, you may anoth 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 proyided for in s.817.155, F.S. Alan Andersen ALAN ANDERSON

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALAN A. ANDERSEN, LTD." 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 TENTH DAY OF APRIL, A.D.

2015.

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.

2299477 8300

150494610

AUTHENTY CATION: 2280426

DATE: 04-10-15

You may verify this certificate online at corp.delaware.gov/authver.shtml