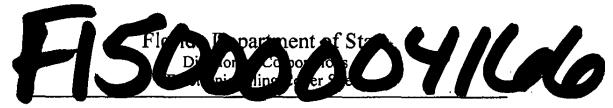
9/21/2015 10:56:48 AM From: To: 8506176383(1/5)

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATIO

Octavius Consulting, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER TO: Registration Section Division of Corporations SUBJECT: OCTAVIUS CONSULTING, INC. 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: Name of Person C T Corporation System Firm/Company 1200 South Pine Island Road Address Plantation, FL 33324 City/State and Zip code CT-statecommunications@wolterskluwer.com E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: C T Corporation System Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: ☐ \$78.75 Filing Fee & □ \$70.00 Filing Fee ☐ \$78,75 Filing Fee & ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy 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.

OCTAVIUS C	ONSULTING, INC.		
(Enter name of e	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transac	eting business in Florida)
Pennsylvania		27-4255161	•
(State or count)	ry under the law of which it is incorporated)	(FEI number, it applicable) (Date of duration, if other than perpetual)	
4. (Date	5. c of incorporation)		
6	(Date first transacted business in (SEE SECTIONS 607.1501 &.607.150 Creek Road Suite 300 Ft. Lauderdale, FL 33309	2, F.S., to determine penalty liab	pility)
7		l office address)	
(Same)	(Current mailing	address, if different)	
	(Canon manne	, address, ii differenty	₩., ~
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	C T Corporation System		AHAS SEP
Office Address:	1200 South Pine Island Road		21 SSEE
	Plantation, FL 33324	, Florida	FS A
	(City)	(Zip code)	A II: 57 F STATE FLORIDA
9. Registered ago	ent's acceptance: ned as registered ugent and to accept servic	a of process for the above sto	
designated in this further agree to c	application, I hereby accept the appointmomply with the provisions of all statutes reamiliar with and accept the obligations of	ent as registered agent and a lative to the proper and comp	gree to act in this capacity. I plete performance of my
	C T Corporation Sys		
Ву:			
	(Registered ag	ent'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.

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11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Dan Roitman		
Address: 1451 W Cypress Creek Road Suite 300 Ft. Lauderdale, FL 33309		
	2015 SEC 7ALL	
	SEP URE I WAHA	T
Vice President:	P 2 NAR ASS	
Address:	mo t	in
Secretary:	- <u> </u>	
Address:	<u> </u>	
Treasurer:		
Address:		
NOTE: If necessary, you may attach an a fine pplication listing additional o	fficers and/or directors.	
12. Signature of Director or Officer		 .
The officer or director signing this document (and who is listed in number 11 above) affiliare true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.		
13. Dan Rollman- President		
(Typed or printed name and capacity of person signing application	n)	_

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 09/19/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OCTAVIUS CONSULTING, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Certification Number: TSC150918140842-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx