F150000004883

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900278663849

11/04/15--01007--012 **87.50

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

NOV 05 2015 J. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	THE DEGO	DREANIZATI	ON TNC.
	Name of corporati	ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation f ," or "Certificate of Good S a corporation to transact bus	tanding" and check are sub	
Please return all correspondent	ondence concerning this ma	tter to the following:	
	Rui	SHAFFER	
***	Name	of Person	
	THE DEGOL C	REANIZATION I	TVC.
	Firm/C	ompany	
	3229 PIP	ASANT VALLEY E	SLEA. =
			FO 47 ,
	ALTONIA	dress PA 16602	ARE NOV
	City/Stat	e and Zip code	SSE + 1
	heha Ateca	degal.com	
	E-mail address: (to be use	ed for future annual report r	
For further information of	concerning this matter, pleas	se call:	29 RIDA
BILL SHE	HPER at (8)	4 941-777	7
Name of Persor	ı Area C	Code Daytime Telep	hone Number
Registration Sec Division of Corp Clifton Building	porations 3	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
2661 Executive Tallahassee, FL		rananassee, r	L 32314
Enclosed is a check for t	the following amount:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fce, 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. DEGOL ORGANIZATION 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 name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee

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.

Fiorida

By: (Registered agent's signature)

(City)

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 Chairman: PLEASANT VALLEY BLVD. 16402 PLEASANT VALLEY BLVD. B. OFFICERS Address: 3229 PLEASAWT VALLEY BLVD. ALTOONA, PA 16602 Vice President: BRUND A. DEGOL TR. Address: 3229 PLEASANT VALLEY BLVD. ALTOONA, PA 16602 Secretary: DONALD A. DEGOL JR. Address: 3229 PLEASANT VALLEY BID. ALTOONA, PA 16602 Treasurer: DONALD A. DEGOL TR Address: 3229 PLEASANT VALLEY BLVD. ALTOUNA, PA NOTE: If necestary, you may attack 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 11 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. DONALD A. DEGOL TR. SEC/TREAS.

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE DEGOL ORGANIZATION, INC." 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE DEGOL ORGANIZATION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey M. Duffoce, Secretary of Siete

Authentication: 10114290

Date: 09-23-15

2699981 8300 SR# 20150231329

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