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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 ** ထု

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Actum Management Services Inc.

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 05 | |
| Estimated Charge | \$70.00 | |
| | 74 - | |

JAN 11 2016

S. YOUNG

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Corporate Filing Menu

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COVER LETTER

| TO: | | tration S ion of C | | | | | | | | | | |
|---|-------------------|-----------------------|-------|--|--------------|--------|------------|----------------------|-------------------|----------------------------|--|--------------|
| SUBJ | ECT: | Actum | Mana | gement Servi | ces Inc. | | | | | • | | |
| | | , | | Nam | e of carpor | ation | ı - ınust | include su | ffix | | *************** | |
| Dear S | ir or M | adam: | | | | | | | | | | |
| "Certifi | icate of | Exister | ice," | by Foreign or "Certificator progration to | ate of Good | Star | nding" a | nd check a | Fransa are sub | ct Business mitted to r | in Floride | i," · |
| Please 1 | return a | ili corre | spono | ience conce | ming this a | 1atto1 | r to the f | ollowing: | | | ₹2 | = |
| John Bo | orrelli | | | | | | | | | | | , |
| | | | | | Nam | e of | Person | | | | 54 | 2 |
| Actum l | Manage | ment Ser | vices | Inc. | • | | | | | | | 8 |
| | | | | | Firm | Com | pany | | | | \$1.55 E | |
| 120 No | th Lime | Street | | | | | | | | | | <u>ت</u> |
| Lancaste | er, PA 1 | 7602 | | | A | Addre | | | | | | 44 |
| | | · - <u></u> | | | City/St | ate ar | nd Zip c | ode | | | | |
| jborrelli | @irexco | orp.com | | | | | | | | | | |
| | | | E | -mail addre | ss: (to be u | sed f | or future | e annual re | eport n | otification |) | |
| For furt | h e r info | ormation | con | cerning this | matter, ple | ase c | all: | | | | | |
| John Bo | rrelli | | , | | at (717 | | 399- | 5289 | | | | |
| | Name | of Perso | on | · | Area | Code | ; | Daytime ' | Teleph | ione Numb | or | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | | | | |
| Enclosed | d is a cl | neck for | the f | following an | ount: | | ٠. | | | | | |
| \$70.0 | 00 Filin | g Fee | | \$78.75 Filia Certificate | | | | Filing Fee d Copy | e & | Certif |) Filing Fe icate of St ied 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.

| | lable in Florida, enter alternate corporate name | | isiness in Florida) |
|---|--|--|--|
| Delaware | 3. | 81-0893314 | |
| (State or coun 12/22/2015 | try under the law of which it is incorporated) | (FEI number, if applies | ıble) |
| (Dat | e of incorporation) | (Date of duration, if other than | perpetual) |
| Upon Filing | • | • | |
| 120 North Lime | | n Florida, if prior to registration) 502, P.S., to determine penalty liability) | ASS SSI SSI SSI SSI SSI SSI SSI SSI SSI |
| PO Box 1268, I | (Princip ancaster, PA 17608 | al office address) | |
| N I | | g address, if different) | |
| Name and <u>sur</u> | ct address of Florida registered agent: (P.C CT Corporation System | 7. Box NOT acceptable) | STATE OF THE SECOND SEC |
| fice Address: | 1200 South Pine Island Road | | • |
| | Plantation, FL 33324 | , Florida | |
| | (City) | (Zip code) | |
| ving been nan ignated in this ther agree to c | ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes r familiar with and accept the obligations of C T Corporation S | nent as registered agent and agree to elative to the proper and complete po my position as registered agent. | act in this capacity erformance of my |

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. Nar | nes and business addresses of officers and/or directors: | |
|------------|--|--------------------------|
| A. DIR | ECTORS | |
| Chairmai | n: N/A | |
| | | |
| | | |
| Vice Cha | irman: N/A | |
| | | |
| | | |
| Director: | Marcani Kuhn | |
| Address: | 120 North Line Street Languages DA 17602 | |
| | | |
| Director | N/A | The - |
| | , | |
| Vaniese. | | 美国 基 丁 |
| B. OFF | CEDS | Ø [14] |
| | Margery Kuhn | |
| President: | 120 North Lime Street, Lancaster, PA 17602 | |
| Address: | | 75 AF |
| | N/A | - - |
| | dent: N/A | |
| Address: , | | |
| , | Brandon Felus | |
| Secretary: | 120 Nowh Lime Street Language DA 12602 | |
| Address: . | Brandon Felus | |
| Treasurer: | | |
| Address: _ | 120 North Lime Street, Lancaster, PA 17602 | |
| NOTE: 1 | If necessary, you may attach an addendum to the application listing additional officers at | nd/or directors. |
| 12 | Margur Club Signature of Director or Officer | |
| | er or director signing this document (and who is listed in number 11 above) affirms that | |
| | nd that he or she is aware that false information submitted in a document to the Departm gree follows as provided for in s.817.155, P.S. | ent of State constitutes |
| | ery Kuhn, President and Director | |
| | (Typed or printed name and capacity of person signing application) | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ACTUM MANAGEMENT SERVICES 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 SEVENTH DAY OF JANUARY, A.D.

2016.

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

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

6 JAN -8 AM 9 4

5914866 8300 SR# 20160107985

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

MSUK BURDELL BROWNING MALES

Authentication: 201637283

Date: 01-07-16