

FILE 000 00 2644

(Requestor's Name)

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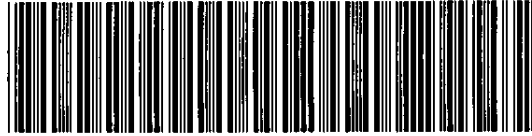
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
DEPARTMENT OF STATE
16 JUN - 9 PM 4:05
OFFICE OF THE
ATTORNEY GENERAL
16 JUN - 9 AM 8:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: HENDERSON GROUP, INC.
Ref. Number: W16000042536

We have received your document for HENDERSON GROUP, INC. and the authorization to debit your account in the amount of \$78.75. 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.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 516A00012244

RECEIVED
DEPARTMENT OF STATE
16 JUN 13 AM 10:47
SUFFICIENCY OF FILING

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 174583 7941205

AUTHORIZATION :

COST LIMIT : \$78.75

ORDER DATE : June 9, 2016

ORDER TIME : 2:26 PM

ORDER NO. : 174583-005

CUSTOMER NO: 7941205

FOREIGN FILINGS

NAME: HENDERSON GROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Henderson Group, 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:

John B. Condon

Name of Person

Henderson Group, Inc.

Firm/Company

112 Chesley Drive, Suite 200

Address

Media, PA

City/State and Zip code

jcondon@hendersongroupinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John J. Coyle 4th

610 627-3619
at ()

Name of Person

Area Code

Daytime Telephone Number

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 is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, 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.*

Henderson Group, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Henderson Group, Inc. of Pennsylvania

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. 23-2437898
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 29, 1986 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 112 Chesley Drive, Suite 200, Media, PA 19063
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael S. Ullian

Office Address: 1800 Penn Street, Suite 11

Melbourne, Florida 32901
(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.

16 JUN -9 AM 8:53
RECEIVED
FALL AVE. SECT. 10.00A

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See Exhibit A attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brian W. Coyle

Address: 112 Chesley Drive, Suite 200, Media, PA 19063

Vice President: _____

Address: _____

Secretary: John J. Coyle 4th

Address: 112 Chesley Drive, Suite 200, Media, PA 19063

Treasurer: John B. Condon

Address: 112 Chesley Drive, Suite 200, Media, PA 19063

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____


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.

13. Brian W. Coyle, President

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

EXHIBIT A

Director: John J. Coyle 3rd, 112 Chesley Drive, Suite 200, Media, PA 19063

Director: William R. Taylor, 112 Chesley Drive, Suite 200, Media, PA 19063

Director: David A. Washabaugh, III, 112 Chesley Drive, Suite 200, Media, PA 19063

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/12/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HENDERSON GROUP, 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

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160512080109-1

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