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COVER LETTER

_	tration Section of Corpe				
SUBJECT:	Enhance Pe	rformance Consulting,	Inc.		
20202017				must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,		Good Stand	authorization to Transac ling" and check are sub- s in Florida.	
Please return	all correspo	ndence concerning th	nis matter 1	to the following:	
Mrs. Emarvana	ay O. Cochra	n			
]	Name of P	erson	
Enhance Perfo	rmance Cons	ulting, Inc.			
		F	irm/Comp	any	
3615 La Jolla I	Drive				
			Addres	S	
Clermont, FL	34711				
		Cit	y/State an	d Zip code	
dcec l@outloo	k.com	· · · · · · · · · · · · · · · · · · ·			
		E-mail address: (to	be used for	or future annual report n	otification)
For further in	formation c	oncerning this matter	, please ca	ıll:	
Mr. Donnie L	Cochran	at (<u>'</u>	104) 277-1950	
Nam	e of Person		Area Code	Daytime Teleph	none Number
Regis Divis Clifto 2661	stration Section of Corpon Building	orations Center Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations
Enclosed is a	check for the	ne following amount:			
□ \$70.00 Fi	ling Fee	S78.75 Filing Fee Certificate of Sta		\$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.

1	Enhance Perform	nance Consulting, Inc.				
	(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,'	"COMPANY," "CORPORATION,"		_
	EPC Consulting					_
	(If name unavaila	able in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting business	s in Florida)	
2	Georgia	3 58-2602534				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		-		
4	11/21/2000		5.			
(Date of incorporation)		of incorporation)	٥.	(Date of duration, if other than perpetual)		_
_	None					
7.3	3615 La Jolla Dri	(SEE SECTIONS 607.1501 & 60° ve, Clermont, FL 34711	7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability) bal office address)		_
	·	(Current ma	ailii	ng address, if different)		_
8.		et address of Florida registered agent: ((P.C	O. Box NOT acceptable)	16 007 2	;; ;;;
	Name:	Mr. Donnie L Cochran			S	
Of	fice Address:	3615 La Jolla Drive			₹ 9	
		Clermont		, Florida <u>34711</u>	ယ	<u>ح</u> ر
		(City)		(Zip code)	ø	47.

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.

Danie L. Cochan 10-18-16 (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		
Chairman: Mrs. Emarvanav O. Cochran		
Address: 3615 La Jolla Drive		
Clermont, FL 34711		
Vice Chairman: Mr. Donnie L. Cochran		
Address: 3615 La Jolla Drive		
Clermont, FL 34711		
Director:		.,,,,
Address:		
Director:		
Address:		
·		
B. OFFICERS		
President:		
Address:		
Vice President:	<u>ත</u>	· .
Address:	- 극 <u>- "왕</u> -	
	:5 :5-	- 7.π.:= - 7.π.:= - 7.π.:=
Secretary:	Ö	ty. en
Address:	ಟ್ಟ	
Treasurer:		
Address:		
	otoma.	·
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction listing additional officers and/or direction.	ctors,	
Signature of Director of Officer		
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.		
13. CEO EMARVANAY O. COCHRAN		
(Typed or printed name and capacity of person signing application)		

Control Number: 0051856

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ENHANCE PERFORMANCE CONSULTING, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number : 13528180 : 11/21/2000 : Georgia : 10/15/2016



Brian P, Kemp Secretary of State