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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 17 2017

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
Donohue Consulting, Inc.

SUBJECT: _____
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:
Susan Donohue

Name of Person
Donohue Consulting, Inc.

Firm/Company
P.O. Box 530656

Address
St. Petersburg, FL 33711

City/State and Zip code
DonohueConsultingInc@gmail.com

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

For further information concerning this matter, please call:

Susan Donohue 202 256-6121

Name of Person at () Daytime Telephone Number
Area Code

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.*

Donohue Consulting, Inc.

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

DCI

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Disrrict of Columbia 52-1933017

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/17/1995 perpetual

4. _____ 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)

4250 39th Ave S. St. Petersburg, FL 33711

7. _____
(Principal office address)

P.O. Box 530656, St. Petersburg, FL 33711

(Current mailing address, if different)

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

Susan Donohue

Name: _____

4250 39th Ave S

Office Address: _____

St. Petersburg

33711

(City)

, Florida _____

(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Susan Donohue

Chairman: _____

4250 39th Ave S

Address: _____

St. Petersburg, FL 33711

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Susan Donohue

President: _____

4250 39th Ave S

Address: _____

St. Petersburg, FL 33811

Susan Donohue

Vice President: _____

4250 39th Ave S

Address: _____

St. Petersburg, FL 33711

Susan Donohue

Secretary: _____

4250 39th Ave S, St. Petersburg, FL 33711

Address: _____

Susan Donohue

Treasurer: _____

4250 39th Ave S, St. Petersburg, FL 33711

Address: _____

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.

Susan Donohue

13. _____

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

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SECRETARY OF STATE
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CORPORATION

Initial File #: 952314
Entity Type: For-Profit Corporation

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

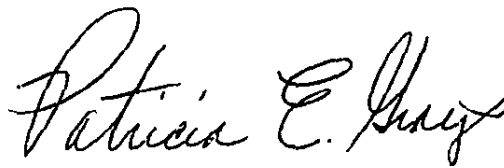
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

DONOHUE CONSULTING INC.

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 7/17/1995; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 2/9/2017 1:29 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: dMTURpM7



Department of Consumer and Regulatory Affairs

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Validation

Business Information

Model Type	Locale	Qualifier	Action
Document Order	Miscellaneous	For-Profit Professional	Good Standing

Business Name DONOHUE CONSULTING

File Number

Business Suffix Inc

Effective Date 7/17/1995

1

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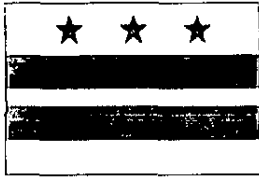
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**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS AND PROFESSIONAL LICENSING ADMINISTRATION
CORPORATIONS DIVISION**

Invoice Date: 02/09/2017

**Government of the District of Columbia
DCRA Corporations Division
P.O. Box 92300
Washington, D.C. 20090**

Invoice Number: AU0AF3E6001F

UserID: 4315836

Billing Information

Susan Donohue
4250 39th Ave S
St. Petersburg, FL 33711

Product Description	File Number	Order Date	Item Cost	Expedited	Total
Domestic For-Profit Good Standing Web DONOHUE CONSULTING	5583601	02/09/2017	\$50.00	\$0.00	\$50.00

Payment Details:
Web Payment for \$50.00 with CreditCard
Credit Card: XXXXXXXXXXXXX-5104

Invoice Total: \$50.00