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D. BRUCE MAR 2 0 2017

COVER LETTER

TO:	Registration Secti Division of Corpo							
SUBJ	ECT: FlowNetwor	rx, Inc.						
		Name	of corporat	ion -	must include suffix			
Dear S	Sir or Madam:							
"Certi		or "Certificate	of Good S	Standi	nthorization to Trans ng" and check are su in Florida.			
Please	return all correspon	ndence concern	ing this ma	tter to	the following:			
Connic	e L. Cecala, Paralegal							
			Name	of Pe	rson			
Norris	McLaughlin & Marc	us, P.A.						
			Firm/C	ompa	ny	" '		
515 W	. Hamilton Street, Sui	te 502						
			Ad	idress				
Allente	own, PA 18101							
			City/Stat	e and	Zip code	, ,		
Mike.	Schaeffer@lbh2o.com					<u>€</u> 1		
		E-mail address	s: (to be us	ed for	future annual report	notifica țio ți)	HOZ	
For fu	rther information co	ncerning this n	natter, plea	se cal	:	AHASS	MAR I I	FILED
Connie	e L. Cecala		at (484)	765-2228	E CE		m
	Name of Person		Area (Code	Daytime Tele	phone Nullhbo	D 12: 12	D
	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on trations enter Circle 12301			MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		
Enclos	sed is a check for the	e following am	ount:					
□ \$70	0.00 Filing Fee (■ \$78.75 Filin Certificate of			378.75 Filing Fee & Certified Copy			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. FlowNetworx,	lowNetworx, Inc.					
(Enter name of elline.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION	1,"			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	g business in Florida)			
2. Pennsylvania	3	3. 81-5369313				
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	plicable)			
4. 01/19/2017	5					
	of incorporation)	(Date of duration, if other t	than perpetual)			
6 04/01/2017						
6, 04/01/2017	(Date first transacted business	in Florida, if prior to registration)				
6, 04/01/2017		in Florida, if prior to registration) 1502, F.S., to determine penalty liabilit	ty)			
			*** ****			
	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870		AACC SEC			
	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870	1502, F.S., to determine penalty liabilit	AACC SEC			
6, <u>04/01/2017</u> 7, <u>540 South High</u>	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ	1502, F.S., to determine penalty liabilit	AACC SEC			
	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ	1502, F.S., to determine penalty liabilit	2017 MAR I T			
7. 540 South High	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ	1502, F.S., to determine penalty liabilitipal office address)	SECRETARY OF STALLAHASSEE. FL			
7. 540 South High 8. Name and stre	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ (Current mail	1502, F.S., to determine penalty liabilitipal office address)	SECRETARY OF STALLAHASSEE. FL			
7. 540 South High	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ	1502, F.S., to determine penalty liabilitipal office address)	SECRETARY OF STALLAHASSEE. FL			
7, 540 South High 8. Name and stre Name:	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ (Current mail	1502, F.S., to determine penalty liabilitipal office address)	SECRETARY OF STATE FALLAHASSEE, FLORID			
7. 540 South High 8. Name and stre	(SEE SECTIONS 607.1501 & 607. Street, P.O. Box 60, Sclinsgrove, PA 17870 (Princ (Current mail et address of Florida registered agent: (P	1502, F.S., to determine penalty liabilitipal office address)	SECRETARY OF STATE FALLAHASSEE, FLORID			

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.

Corporation Service Company

By: Holly Mo Assistant Vice President

(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 dire	ctors:	
A. DIRECTORS (See Attached Sheet)		
Ghairman: Director: James F. App		
Address: 1010 Stonebridge Drive, Selinsgrove, PA 17870		
-		
Vice Chairman: Director: Walter C. VanNuys		
Address: 14 Greenbriar Avenue, Selinsgrove, PA 17840		
		to the state of th
Director: William R. Everly		
Address: 1452 Ragged Edge Road, Chambersburg, PA 17201		
Director: Mark L. Pulaski		
Address: 2354 Abbey Lane, Harrisburg, PA 17112		
B. OFFICERS	P.	. No
President: Chief Executive Officer: Shawn D. Pulford	L A	
Address: 1633 Whitley Drive, Harrisburg, PA 17111		
	SA	
Vice President: Chief Administrative Officer: Robert W. Dagle	رم الرائد (تا الرائد	0
Address: 331 Stonebridge Drive, Selinsgrove, PA 17870	OR U	<u> </u>
	>	w
Secretary: Colin Houser		
Address: 345 Old Trail Road, Port Tervorton, PA 17864		
Treasurer/Chief Financial Officer: Michael E. Schaeffer		
Address: 1873 Verdilla Road, Port Trevorton, PA 17864		
NOTE: If necessary, you may attach ar addendum to the	application listing additional officers a	ınd/or directors.
12. Kolest Jagle		
The officer or director signing this document (and who is are true and that he or she is aware that false information a third degree felony as provided for in s.817.155, F.S.		
13. Robert W. Dagle. Chief Admnistrative Officer (Typed or printed name and capa	city of person signing application)	

A. DIRECTORS (continued)

Matthew G. Markunas P.O. Box 240, Lewisburg, PA 17837

AFCRETARY OF STATE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/27/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FlowNetworx, 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.

OF THE COLUMN TO THE COLUMN TO

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

Secretary of the Commonwealth

Certification Number: TSC170227141255-1

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