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PICK-UP WAIT	MAIL
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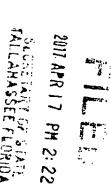


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DEPARTMENT OF STATE

M. MILLIGAN APR 1 7 2017



#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: e&e IT Consulting Services, Inc.		
Name of corporation - r	nust include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the	
Please return all correspondence concerning this matter to	the following:	
Chris Bushey, CFO		
Name of Per	rson	
e&e IT Consulting Services, Inc.		
Firm/Compa	ny	
5026 Arthur Avenue		
Address		
Mechanicsburg, PA 17050		
City/State and	Zip code	
cbushey@ene-it-consulting.com  E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, please call	:	
Chris Bushey at (717 ) 975-1664		
Name of Person 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:		

□ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

□ \$70.00 Filing Fee ■ \$78.75 Filing Fee &

### 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.

·· <del></del> -	ing Services, Inc.			
	orporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	∃D," "O	OMPANY," "CORPORATION,	••
e&e IT Consult				
(If name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transacting	business in Florida)
2. Pennsylvania		3. 113	646056	
(State or count	ry under the law of which it is incorporated	· —	(FEI number, if applicable)	
4 08/06/2002		5.		
(Date	of incorporation)	J	(Date of duration, if other than perpetual)	
6.				
7. 5026 Arthur Ave	nue, Mechanicsburg, PA 17050 (Pri	ncipal of	fice address)	
Same as above				
	(Current m	ailing ad	dress, if different)	7A
8. Name and stre	et address of Florida registered agent:	(P.O. Bo	ox <u>NOT</u> acceptable)	2017 APR
Name:	Marco Cristofari		-	
Office Address:	111 Yvonne Ct.		-	PH 2
	Havana		, Florida <u>32333</u>	2 × ×
	(City)		(Zip code)	≥m N

#### 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jenny Machida Address: 10616 Rodchester Ave Los Angeles, CA 90024 Vice Chairman: Director: Daphne Defresne Address: 11406 Spur Wheel Lane Potomac, MD 20854 Director: Amber McCants Address: 297 East Paces Ferry Rd, Apt 910 Atlanta, GA 30305 **B. OFFICERS** President: Linda Etter Address: 4 Notting Hill Estates Lanc, Enola, PA 17025 Vice President: Secretary: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Linda K. Etter , President

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

#### Additional Director Addendum

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

A. DIRECTORS
Chairman.
Address:
Vice Chairman:
Address:
Director: Tarrus Richardson
Address. 11509 Dahila Terrace
Potomac, MD 20854
Director: Kathryn Waters
Address: 3900 Royal Oaks Drive
Tallahassee, FL 32309
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
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.
13
(Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/14/2017

2017 APR 17 PH 2: 22
SALUNE ANS SEE FLORID

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

IDO HEREBY CERTIFY THAT,

e&e IT Consulting Services, 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.

SECOND SECOND

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: TSC170414110582-1

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