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COVER LETTER

TO:	Registration Section Division of Corpor				
cupi	TAPESTRY		C .		
SUBJ	ECI:	Name of corp	oration - mu	st include suffix	
Dear S	Sir or Madam:		1		
"Certif	ficate of Existence,"	or "Certificate of Go	od Standing	" and check are sul	act Business in Florida," bmitted to register the
	-	dence concerning this	s matter to th	ne following:	
		N	Name of corporation - must include suffix Foreign Corporation for Authorization to Transact Business in Florida." Certificate of Good Standing" and check are submitted to register the oration to transact business in Florida. The concerning this matter to the following: Name of Person To., LLC Firm/Company Address City/State and Zip code atil address: (to be used for future annual report notification) Ining this matter, please call: at (
SMITI	I ELLIOTT KEARNS	& CO., LLC			
480 N.	POTOMAC STREET		m/Company	-	
	Name of corporation - must include suffix r or Madam: losed "Application by Foreign Corporation for Authorization to Transact Business in Florida." cate of Existence," or "Certificate of Good Standing" and check are submitted to register the efferenced foreign corporation to transact business in Florida. eturn all correspondence concerning this matter to the following: O. MCDONALD Name of Person ELLIOTT KEARNS & CO., LLC Firm/Company OTOMAC STREET Address STOWN, MD 21740 City/State and Zip code eturn all address: (to be used for future annual report notification) ner information concerning this matter, please call: O. MCDONALD Name of Person E-mail address: O. MCDONALD at (
HAGE	RSTOWN, MD 21740				
,	Firm/Company POTOMAC STREET Address ERSTOWN, MD 21740 City/State and Zip code mald@sek.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: R O. MCDONALD 301 733 - 5020				
pmcdo		Compileddense (to b	d C - C -		
				ture annual report	notification)
For fur	ther information cor	cerning this matter, I	olease call:		
PETER	O. MCDONALD	= "	1 7	33 - 5020	
	Name of Person		ea Code	Daytime Telep	hone Number
	Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations nter Circle		Registration S Division of Co P.O. Box 632	section orporations 7
Enclose	ed is a check for the	following amount:			
□ \$ 70	.00 Fiting Fee	\$78.75 Filing Fee & Certificate of Statu		.75 Filing Fee & tified Copy	S87.50 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.

PENNSYI VA	able in Florida, enter alternate corporate name	90 - 0911826			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
10/1/2018	e of incorporation)	(Date of duration, if other than perpetual)	· 		
	(Princip ENNY RD, SUITE 250. CHAMBERSBURG,	pal office address) PA 17201			
5000 LETTERK		PA 17201 ng address, if different)	-2 <u>0</u> 16		
		A CO	2018 OCT 15		
Name:	et address of Florida registered agent: (P.C. JAMES J. GOVEKAR 513 VIA VITALE COURT		72		
	JAMES J. GOVEKAR 513 VIA VITALE COURT POINCIANA		5 PM 4: 31		

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 SEE ATTACHED SCHEDULE Chairman: _____ Address: ____ Vice Chairman: Director: ____ Address: _____ Director: Address: ______ **B. OFFICERS** President: ____ Address: Vice President: Secretary: Address: ____ Treasurer: ____ 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.

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

13. ____ JAMES J GOVEKA, CFO /TREASUREL

TAPESTRY TECHNOLOGIES INC 90-0911826 OFFICERS & DIRECTORS

DIRECTORS:

JACQUELYN A. SIPES

9320 GARNES ROAD

MERCERSBURG, PA 17236-8515

JAMES J. GOVEKAR

513 VIA VITALE COURT

POINCIANA, FL 34759

• CYNTHIA M. WHITMER

18062 KNOLL DRIVE

FAIRPLAY, MD 21733

• ANGELA S. FOGELSONGER

466 WHITMER ROAD

SHIPPENSBURG, PA 17257

ERIC M. MELLOTT

73 SUMMER BREEZE LANE

CHAMBERSBURG, PA 17202-7435

OFFICERS:

PRESIDENT

JACQUELYN A. SIPES

9320 GARNES ROAD

MERCERSBURG, PA 17236-8515

TREASURER

JAMES J. GOVEKAR

513 VIA VITALE COURT

POINCIANA, FL 34759

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Tapestry Technologies, 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.

LDO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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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

Acting Secretary of the Commonwealth

Certification Number: TSC180919080150-1

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