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 macrichardson@cogencyglobal.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Milone Consulting, PA

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COVER LETTER

SUBJECT:		М	ilone Cons	ulting, PA	
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Dear Sir or Madam:					
"Certificate of Existe above referenced force	nce," or "Certifica eign corporation to	ite of Good transact by	Standing" siness in I	and check are sul Plorida.	nct Business in Florida," comitted to register the
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For further information	я concerning this	matter, ple	ase call:		
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Registration S Division of C Clifton Build 2661 Executi Tallahassee, l	orporations ing ve Center Circle FL 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for S70.00 Filing Fee	☐ \$78.75 Fil			75 Filing Fee & ified Copy	\$37.50 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. MILONE CONSULTING, PA

To:

3law of which it is incorporated) 5 Tation) (Date first transacted business in FEE SECTIONS 607.1501 & 607.150 FEW SMYMA BEACH, FL 32168 (Principal NEW SMYMA BEACH, FL 32168	(FEI number, if appl (Date of duration, if other the florida, if prior to registration) 2, F.S., to determine penalty liability office address) address, if different)	licable) ian perpetual)
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(City)	(Zip code)	PH I2: 30 OF STARE ELFLOARD
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stered agent and to accept servic	e of process for the above stated	corporation at the
on, I hereby accept the appointme	ent as registered agent and agre- lative to the proper and complete	e to act in this capa to nexformance of m
ith and accept the obligations of	my position as registered agent.	e perjormance of m
į	(City) eptance: istered agent and to accept service on, I hereby accept the appointme th the provisions of all statutes rel with and accept the obligations of	(City), Florida (Zip code)

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 CHERYL MILONE Chairman: 1083 RED MAPLE WAY Address: NEW SMYMA BEACH, FL 32168 Vice Chairman Address. Address. _ Director _ Address. B. OFFICERS CHERYL MILONE President 1083 RED MAPLE WAY Address: NEW SMYMA BEACH, FL 32168 න Vice President Secretary: __ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. /S/CHERYL MILONE 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.

CHERYL MILONE, PRESIDENT



Ta:

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILONE CONSULTING, PA" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILONE CONSULTING, PA" WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5436076 8300

5R# 20188384355 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 204184824

Date: 12-27-18