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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845

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Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION SUSAN L. LACHANCE, CPA, P.C.

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May 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SUSAN L. LACHANCE, CPA, P.C.

REF: W19000040437

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

On line #1, place the name exactly how it is on the certificate of existence. On the alternate name line, place the name exactly how it is on thecertificate of existence along with a corporate suffix.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II Amount charged: 70.00 FAX Aud. #: E19000134387 Letter Number: 519A00008797

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SUSAN L. LACHANCE, CPA, P.C. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc;" "Co," or "Corp.") SUSAN L. LACHANCE, CPA, P.C., CORP (if name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 3. 03-0367047 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607:1501 & 607.1502, F.S., to determine penalty liability) 6075 Fairway Court, Naples, FL 34110 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System Christine Kelm Assistant Secretary (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

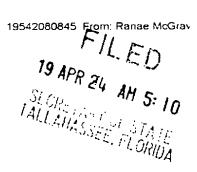
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

مساعاته شبدانه سيدارووه ويبيته ودي الرازين

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19 APR 2				
19 APR 24 AH 5: 10 TALLAHASSEE, FLORIDA				
SAFE, FLORIDA				
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flicers and/or directors.				
rms that the facts stated herein Department of State constitutes				

11. Names and business addresses of officers and/or directors: A. DIRECTORS	TALLAHAS SEE, FLORIDA
Chairman:	July FLORINA
Address:	
Vice Chairman:	
Address:	
Director: Susan 1. Lachance	
Address: 6075 Fairway Court	A STATE OF THE STA
Naples, FL 34110	
Director:	
Address:	
B. OFFICERS President: Susan L Lachance	
Address: 6075 Fairway Court	
Naples, FL 34110	
Vice President:	
Address:	
Secretary: Susan I. Lachance	
Address: 6075 Fairway Court, Naples, FL 3411	
Treasurer.	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
12. Susan Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	Labove) affirms that the facts stated herein iment to the Department of State constitutes
13. Susan L. Lachance President (Typed or printed name and capacity of person signi	ing application)
(1) best of british units only as because a because and	X- 11 /



STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

SUSAN L. LACHANCE, CPA, P.C.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Aug 01, 2000.

I further certify that the company has perpetual duration; that its most recent annual report is on file, and that as of this date, articles of dissolution (withdrawal have not been filed.

April 22, 2019

Given under my hand and seal of office at Montpelier the State Capital

James C. Condos Vermont Secretary of State

TREEDOM LA UNITY

Business ID: 0120718 Certificate Number: 2013606501001