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Certified Copies	_ Certificates	of Status		
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COVER LETTER

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Dear Sir c	or Madam:									
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R D C 20	TREET/COU legistration Sec Division of Cor Hifton Building 661 Executive Fallahassee, FL	ction porations 3 Center Circ				Registration Division of P.O. Box 6.	`Corporation	18		
Enclosed	is a check for	the followin	ng amount:							
□ \$70.00	0 Filing Fee	\$78.75 Certif	5 Filing Fee & Teate of Status	□	\$78.75 Certifie	Filing Fee & d Copy	Ce	.50 Filii rtificate rtified C	of Stat	

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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. égistered 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: MA
Address:
Vice Chairman: \sqrt{A}
Address:
Director:
Address:
Director: N/A
Address:
2015 2015
B. OFFICERS
Address: 324 Countries de Plane # 122
Address: 324 Country side Plaza # 122 Mt. Pleasant, PA 15666
Address: 324 Countryside Place # 122
111 Pleasant 1/A 15666
Secretary: 1 Jewey Stewart
Address: Dame
Treasurer: Clem Swiantek
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. Dewey Stewart President
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/18/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LIBERTY GAIT, INC.

is duly registered as a Pennsylvania PA Non Stock 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 COLATOR WEEKLEY

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: TSC190618080115-1

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