F190000044!

(Re	questor's Name)				
(Ad	dress)	<u> </u>			
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PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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09/04/19--01010--003



September 13, 2019

CHARLES GREEN 1643 HIGHLAND AVE LANGHORNE, PA 19047

SUBJECT: KASTECH CONSULTING, INC.

Ref. Number: W19000083278

We have received your document for KASTECH CONSULTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

> RECEIVED SEP 3 0 2019

Letter Number: 319A00018977

COVER LETTER

TO:	Registration Se							
		Division of Corporations						
cun		Consulting, Inc.						
SOBJ	IECT:	Name	of corneration	- mus	t include suffix			
		, and	va conjectulion					
Dear S	Sir or Madam:							
"Certi	nclosed "Applicat ficate of Existenc referenced foreig	e," or "Certificat	e of Good Star	iding"	and cheek are sub	ct Business in Florida omitted to register the		
Please	return all corresp	ondence concert	ning this matte	to the	: following:			
Charle	s M. Green							
			Name of	Persor	ı			
KasTe	ch Consulting, Inc.							
			Firm/Con	pany				
1643 1	lighland Avenue							
			Addr	11242		<u> </u>		
Langbo	ome, PA 19047		Man	288		į		
**-			City/State a	nd Zip	code			
cătecu	@kastechco.com							
		E-mail addres	s: (to be used	or lut	ure annual report i	notification)		
For fu	rther information	concerning this	matter, please (all:		<u>.</u>		
Charle	s M. Green		215	70	2-8155			
			at ()				
	Name of Perso	n	Area Cod	e e	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclos	seu is a check for	the following am	iount;					
\$ \$70	0.00 Filing Fee	578.75 Filir Certificate	•		75 Filing Fee & ified Copy	S87.50 Filing F Certificate of S Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAN BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. KasTech Consulting Inc. (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 Flo 55-0826798 Pennsylvania 2. (State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. The of incorporation 5. (Date of duration, if other than perpetual) 1/1/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8050 SE 170th Marchmont Place, The Villages, FL 32162 (Principal office address) 1643 Highland Avenue, Langhorne, PA 19047 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Laura S. Kasman Name: 8050 SE 170th Marchmont Place Office Address: The Villages (City) , Florida (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation a designated in this application. I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance 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 a the Department of State, by the Secretary of State or other official having custody of corporate records in the under the law of which it is incorporated.

A. DIRECTORS	
Chairman:	-
Address:	-
	_
Vice Chairman:	_
Address:	_
	_
Director:	_
Address:	_
	_
Director:	_
Address:	_
Address:	
	_
B. OFFICERS John McPoyle	
	6117
Address:	<u>ري</u>
Langhorne, PA 19047	ر
Kevin Snyder Vice President:	_
1643 Highland Avenue	ī
Address: Langhorne, PA 19047	Ę
	_
Secretary:	
Address: Charles M. Green	_
Treasurer: 1643 Highland Avenue, Langhorne, PA 19047	
Address:Address:	_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dit	ec
12. (L. M. L. Mensueer.	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of S a third degree felony as provided for in s.817.155, F.S. Charles M. Green, Treasurer	s lat
13. (Typed or printed name and capacity of person signing application)	

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/24/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KASTECH CONSULTING INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealtl 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.

THE COUNTY OF TH

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: TSC190924131120-1

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