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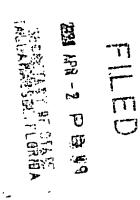
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	CONNECT US CORPORAT	NOI		
_	Name	of corporation	- must include suffix	
Dear Sir or Mad	dam:			
"Certificate of	Application by Foreign Co Existence," or "Certificate ed foreign corporation to to	of Good Stan	ding" and check are sub	et Business in Florida," emitted to register the
Please return al	l correspondence concerni	ng this matter	to the following:	
CHRIS SAMAR	AS			
		Name of	Person	
ConnectUs Corp				
		Firm/Com	pany	
301 N Swarthmo	re Ave			
		Addro	ess	
Swarthmore PA	19081			
		City/State at	nd Zip code	
chris@connectus	corp.com			
<u> </u>	E-mail address	to be used f	or future annual report r	otification)
For further info	rmation concerning this m	atter, please c	all:	
Chris Samaras		215	5197310	
Name o	of Person	Area Code	Daytime Telepl	hone Number
Registra Division The Cer 2415 N.	TT/COURIER ADDRESS ation Section of Corporations atre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a ch Please make check \$\overline{\pi}\$ \$70.00 Filing	eck for the following amo k payable to: FLORIDA DE ; Fee	PARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

DUBLITEOD IN FLUKIDA

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.

Connect Us Corp.		
(Enter name of corp	poration; must include "INCORPORA" o," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
_	e in Florida, enter alternate corporate r	name adopted for the purpose of transacting business in Florida)
Pennsylvania		3. <u>47-1765803</u>
	nder the law of which it is incorporate	(Date of duration, if other than perpetual)
(Date of Never	incorporation)	(Date of duration, if other than perpetual)
01 N Swarthmore /	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 ave Swarthmore PA 1908)	ness in Florida, if prior to registration) i07.1502, F.S., to determine penalty liability)
		al office street address)
	(Current n	nailing address, if different)
Name and street a	ddress of Florida registered agent:	(P.O. Box NOT acceptable)
Name:	Registered Agus	1s Inc 1s Inc Ste 300 Florida 337 (Zip code)
ece Address.	St Petersburg	. Florida 337
Registered agent		(Zip code)
ing been named	as registered agent and to accept s	service of process for the above stated corporation at the plac pintment as registered agent and agree to act in this capacity
ner agrec to com	ply with the provisions of all statut th and accept the obligations of m	tes relative to the proper and complete performance of my di
	Poll Hame	
1	(Registered agent	t'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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Chris Samaras □ Chairman □ Chairman Name: _____ 301 N Swarthmore Ave. □Vice Chairman Address: ☐Vice Chairman Address: Swarthmore PA 19081 Director □ Director President ☐ President ☐Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other_____ □Other _____ □Other _____ □Other ____ □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director ☐ President ☐ President ☐Vice President - ____ □Vice President ☐Sccretary □Treasurer ☐ Secretary ☐ Treasurer Other ____ □Other ____ □Other _____ Other _____ ☐ Chairman Name: Name: _____ □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □Director ☐ President □ President □Vice President ___ □Vice President ☐ Secretary □ Treasurer ☐Secretary ☐Treasurer Other ____ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/23/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Connect Us Corporation

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.

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.

SECRETARIAN STANFORM STANFORM

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

Secretary of the Commonwealth

Certification Number: TSC200323161397-1

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