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COVER LETTER

10:	Registration Section Division of Corpora				
SHRI	ECT:	DANKO I	IOLDING	S, INC.	
., ., .,		Name of corpora	ition - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," of	or "Certificate of Good!	Standing"	and check are sub	
Please	return all correspond	ence concerning this ma	atter to the	e following:	
		1 "Application by Foreign Corporation for Authorization to Transact Business in Florida." of Existence," or "Certificate of Good Standing" and check are submitted to register the need foreign corporation to transact business in Florida. all correspondence concerning this matter to the following: SCOTT KOS Name of Person REGISTERED AGENT SOLUTIONS, INC. Firm/Company 1701 DIRECTORS BLVD STE 300 Address AUSTIN, TX 78744 City/State and Zip code SKos@rasi.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: COTT KOS at (
		Name	of Perso	n	
		DANKO HOLDINGS, INC. Name of corporation - must include suffix n: plication by Foreign Corporation for Authorization to Transact Business in Florida." stence," or "Certificate of Good Standing" and check are submitted to register the foreign corporation to transact business in Florida. prespondence concerning this matter to the following: SCOTT KOS Name of Person REGISTERED AGENT SOLUTIONS, INC. Firm/Company 1701 DIRECTORS BLVD STE 300 Address AUSTIN, TX 78744 City/State and Zip code SKos@rasi.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: KOS at (888 705-7274 Daytime Telephone Number COURIER ADDRESS: MAILING ADDRESS: Registration Section f Corporations of Tallahassee P.O. Box 6327 Tallahassee, FI. 32314 e. FL 32303 k for the following amount: ayable to: FLORIDA DEPARTMENT OF STATE ee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certificate of Status Certificed Copy Certificate of Status			
		Firm/C	Company		
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		City/Sta	te and Zij	code	
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	l:	-mail address: (to be us	ed for fut	ure annual report i	notification)
For fu	rther information con	cerning this matter, plea	se call:		
	SCOTT KOS		8)	705-7274	
	Name of Person	Area (Code	Daytime Telep	hone Number
	Registration Section Division of Corpora The Centre of Talla	tions hassee eet, Suite 810		Registration S Division of Co P.O. Box 632	ection orporations 7
Please i	make check payable to:	FLORIDA DEPARTME			-
■ \$70	.00 Filing Fee □	_		•	-

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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)		
Pennsylvania 3.					
(State or country under the law of which it is incorporated)		(FEI number, it applicable)			
	5				
(Date		(Date of duration, if other than perpetual)			
	Upon registration				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 1500 Sycamore Road Suite 1	2, F.S., to determine penalty liabi 20, Montoursville, PA 17754	lity)		
-	(Principal office	: <u>street</u> address)			
	(Current mailing	address, if different)	51 A.		
Name and stree	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc.	Box NOT acceptable)	SECHENDA 13		
fice Address:	155 Office Plaza Dr., Suite A		13 PH		
	Tallahassee	, Florida			
	(City)	(Zip code)	E 20		

(Registered agent's signature)

Jackyn Wunget

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.

Jaclyn Wright, Asst. Secretary

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

Daniel A. Klingerman □ Chàirman Name: ☐ Chairman Name: 376 Selkirk Road Address: ☐ Vice Chairman ☐ Vice Chairman Address: Montoursville, PA 17754 □Director Director President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary □ Treasurer □Other _____ □ Other ______ □Other _____ ☐Other _____ (Chairman Name: _____ □ Chairman Name: Tivice Chairman Address: ☐Vice Chairman Address: **CDirector** □Director - - ------**President** □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Sceretary ☐Treasurer □Other Other ☐ Other Other ____ **C**Chairman Name: _____ □Chairman Name: ☐Vice Chairman LiVice Chairman Address: Address: []Director □ Director T.President □ President . IVice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer □Other ______ 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. Daniel A. Klingerman, President (Typed or printed name and capacity of person signing application)

A. DIRECTORS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/09/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DANKO HOLDINGS, INC.

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.

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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: TSC201109110569-1

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