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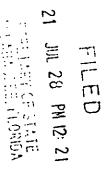
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COVER LETTER

	egistration Section vision of Corporations			
SUBJEC	\mathbf{T}_{t} THE FINANCIAL CO	ONSULATE, INC.		
		Name of corporation	ı - must include suffix	
Dear Sir o	r Madam:			
"Certificat		ificate of Good Star	Authorization to Transact nding" and check are submess in Florida.	
Please retu	irn all correspondence co	oncerning this matte	r to the following:	
MICHAEL	MCCARTHY			
		Name of	Person	
THE FINA	NCIAL CONSULATE IN	C.		
		Firm/Con	npany	
201 INTER	RNATIONAL CIRCLE, SU	JITE 520		
		Addr	ess	-
HUNT VA	LLEY, MD 21030			
		City/State a	and Zip code	
MMCCAR	THY@FINANCIALCON	SULATE.COM		
	E-mail a	iddress: (to be used	for future annual report no	tification)
For further	information concerning	this matter, please of	call:	
MICHAEL	. MCCARTHY	at (4281168	_
N	ame of Person	Area Cod	e Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	_	IDA DEPARTMENT	FOF STATE. ☐ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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 nam	ne adopted for the purpose of transa	cting business in Florida)		
MARYLAND		3.			
(State or countr 02/17/1983	y under the law of which it is incorporated)				
(Date of incorporation)		(Date of duration, if oth	(Date of duration, if other than perpetual)		
		office street address) ling address, if different)			
Name and stree	t address of Florida registered agent: (F	P.O. Box NOT acceptable)			
Name and stree	t address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	~ ~		
Name:		P.O. Box <u>NOT</u> acceptable)	21 J		
Name:	ANDREW TIGNANELLI 1741 NEIGHBOR STREET		F1L 21 JUL 2		
Name: fice Address:	ANDREW TIGNANELLI 1741 NEIGHBOR STREET	P.O. Box NOT acceptable) , Florida 32034 (Zip code)	FILED 21 JUL 28 PM I		

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

under the law of which it is incorporated.

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

A. DIRECTORS	ANDREW V. TIGNANELLI	_	MICHAEL MCCARTHY
Chairman	Name:	□Chairman	Name: 3154 CHARLES STREET
☐ Vice Chairman	Address: FERNANDINA BEACH, FL 32034	□Vice Chairman	Address: FALLSTON, MD 21047
□Director	PERNANDINA BEACH, PL 32034	□Director	FALESTON, MD 21047
□President		President	-
□ Vice President		□Vice President	
□ Secretary	□Treasurer	■ Secretary	Treasurer
□Other	□Other	Other CEO	
☐ Chairman	Name: CHARLES BENDER III	□Chairman	Name:
□ Vice Chairman	802 STONEBRIDGE DRIVE	□Vice Chairman	
Director	LANCASTER, PA 17601	□ Director	
President		□President	
□Vice President		□Vice President	
☐ Secretary CFO	□Treasurer	□Secretary	☐Treasurer
Other CFO	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□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 attace added to the index when filing your Florida Departmen	hment will be image nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.
· - · -	Signature of Director or	Officer	
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Departm	nent of State constitu	nes a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT THE FINANCIAL CONSULATE. INC. (D01514504). INCORPORATED FEBRUARY 17, 1983, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 09, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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