(Re	questor's Name)	
(Add	dress)	
(ÄÄd	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

	ii
REQUEST DATE	3/3/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1014407

Page I of I

ORDER ENTITY
SKG CONSULTING INC.

PLEASE PERFORM THE FOLLOWING SERVICES: SKG CONSULTING INC. (FL)]	
File the attached foreign qualification document and provide a certified copy.	SECRETAR FALLAHASS	71
NOTES:	inc —	
		\Box
Email address for annual report reminders: Anita@delaneycorporate.com	PHI2: 5	D
RETURN/FORWARDING INSTRUCTIONS:) O	

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, March 3, 2022

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLGRIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l. SKG CONSUL				
	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
TECHNOLOG	Y RESOURCE MANAGEMENT, INC.		•	
(If name unavail	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in F	lorida)	
2. New Jersey	3.	20181985		
	ry under the law of which it is incorporated)	(PBI number, if applicable)		
4. 12/26/2002	5 .			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
7. 30 A Vreeland Ro	oad, Florham Park, NJ 07932			
	(Principal office	treet address)		
	(Current mailing a	address, if different)		
			S S	
8. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	ECH ECH	
Name:	National Registered Agents, Inc.		2022 HAR SECRETA ALLAHAS	
Office Address:	1200 South Pine Island Road	_	7-3 7ARY 7SSE	Ē
	Plantation	, Florida 33324	PH 12: OF STA E. I'LOR	П
	(City)	(Zip code)	SZ Z	
9. Régistered ag	ent's acceptance:	•	₽ 5	
	ed as registered agent and to accept service	of process for the above stated corporation	at the place	
further agree to c	application, I hereby accept the appointment omply with the provisions of all statutes rela with and accept the obligations of my posite	tive to the proper and complete performanc	s capacity. I se of my duties,	
	or the decept the obligations of thy posts	wa regulerea agerii.		
	SI 0601			
	TOWN Eller	Asst. Secretary		
_	(Registered agent 8 sign			
	' /			

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				
Chairman	Name: Daniel Jarvis	□ Chairman	Name:	Krumeich
□Vice Chairman	30 A Vreeland Rd., Floram Park, NJ 07932 Address:	30 □Vice Chairman		Florum Park, NJ 07932
Director		Director		
President		□President		
□Vice President		■ Vice President		
☐ Secretary	☐ Treasurer	Secretary		Treasurer
Other	Other	□ Other	<u></u>	□ Other
□ Chairman	Name:	□ Chairmen	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
☐ 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		
☐Director _		Director		
□President		President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Sестемту		□Treasurer
□Other	Other	Other		Other
The officer or direct she is aware that fal. s.817.155, F.S.	Ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of the significant of Director of the significant of Director of the Department of Signature of Director of the Department of Signature of Director of the	nt of State Annual Re r Officer 11 above) affirms th	port form.	herein are true and that he or
13. Jerome Krum	nelch, Vice President			

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

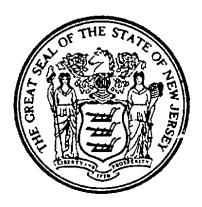
SKG CONSULTING, INC. 0100894719

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 26, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DANIEL G JARVIS, JR 30 VREELAND ROAD SUITE 201 FLORHAM PARK, NJ 07932



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of March, 2022

Elizabeth Maher Muoio State Treasurer

den A Mun

Certificate Number: 6129125804

Ferify this certificate online at

 $https://wwwLstate.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$