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COVER LETTER

	Division of Corporations						
SUBJECT: Stoltenberg Consulting Incorporated							
SOBOLCI.		Name of corpora	ition - m	ust include suffix			
Dear Sir or M	ladam:						
"Certificate o	f Existence," o	y Foreign Corporation r "Certificate of Good rporation to transact bu	Standing	g" and check are sub-	et Business in Florida," mitted to register the		
Please return	all correspond	ence concerning this m	atter to t	he following:			
Crystal McKee	2						
		Name	e of Pers	on			
Stoltenberg Co	onsulting Inc						
		Firm/	Compan	y			
5225 Library I	Road, South Parl	: Shops #345					
	· .	A	ddress				
Bethel Park, P	A 15102						
		City/Sta	ate and Z	Lip code			
cmckee@stolt	-						
	I	-mail address: (to be us	sed for f	uture annual report n	otification)		
For further in	formation con	erning this matter, plea	ise call:				
Crystal McKe	e	at ()	354-5688			
Nam	e of Person	Area	Code	Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	neck payable to:	Tollowing amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified 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.

Pennsylvania 3. 25-1773838 (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/13/1995 5. (Date of incorporation) (Date of duration, if other than perpetual) 1/1/22 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5225 Library Road, South Park Shops #345, Bethel Park, PA 15102 (Principal office street address) NA (Current mailing address, if different) E. (Current mailing address, if different) E. (Current mailing address) (Current mailin	(State or country under the law of which it is incorporated) 10/13/1995 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5225 Library Road, South Park Shops #345, Bethel Park, PA 15102 (Principal office street address) NA (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sheri L Stoltenberg 530 Greenbrier Avenue					
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	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sheri L Stoltenberg	NA				
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Name: Sheri L Stoltenberg ffice Address: 530 Greenbrier Avenue	(City) (Zip code)	Name and street	et address of Florida registered agent; (P.O. I			
ffice Address: 530 Greenbrier Avenue	(City) (Zip code)	Name:	Sheri L Stoltenberg			
Mice Address:	(City) (Zip code)	ffice Address:	530 Greenbrier Avenue			
	(City) (Zip code)		It is in the second			
Florida 34/4/				Florida		
(City) (Zip code)	Registered agent's accentance:		(Спу)	(Zip code)		
aving been named as registered agent and to accept service of process for the above stated corporation at		aving been nam	ed as registered agent and to accept service			
aving been named as registered agent and to accept service of process for the above stated corporation at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this c		aving been namesignated in this	sed as registered agent and to accept service application, I hereby accept the appointmen	nt as registered agent and agree to act in this c		
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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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

•				
A. DIRECTORS				
□Chairman	Name: Sheri L Stoltenberg	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Kissimmee FL 34747	□Director		
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other	□Other	□Other		Other
□Chairman	Name:	□ Chairman	Name	
	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	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	□ Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme	nt of State Annual Re	eport form.	
12.	SNU Stoltenller Signature of Director of	r Officer		
	ctor signing this document (and who is listed in number			

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 of 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.

Sheri L Stoltenberg, President & CEO

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

STOLTENBERG CONSULTING INCORPORATED

Request Type:

Subsistence Certificate

Issuance Date: June 01, 2023

Request No.:

016281123

File No.:

0002659810

Receipt No.:

000544286

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: October 10, 1995

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

STOLTENBERG CONSULTING INCORPORATED

is currently subsisting on the records of the Department of State as of the issuance 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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Men 5 Sehn

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov