F23000004229

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600411497866

07/07/23--01004--020 **70.00

2023 JUL -7 PK 1: 45 SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	FCT: Furlong Consulting, Inc.			
00001	-	me of corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreig cate of Existence," or "Certifi eferenced foreign corporation	cate of Good Standi	ng" and check are sub	
Please r	return all correspondence conc	erning this matter to	the following:	
Catherin	ne A. Ponist			
		Name of Po	erson	
Catherii	ne A.Ponist CPA			
		Firm/Compa	any	
1950 Di	urham Road			
		Address	;	
New Ho	ope, PA 18938			
		City/State and	l Zip code	
admin@)ponistepa.com			
	E-mail add	fress: (to be used for	future annual report r	notification)
For furt	ther information concerning th	is matter, please cal	l :	
Catherine A. Ponist, CPA at (215)			794-5675	
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Please n	•	A DEPARTMENT C	DF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

	rporation; must include "INCORPORATE! rp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"	
Lake Rhea Const	alting, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)	
2. Pennsylvania		3. 61-1540565	
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 9/24/2007	<u></u>	5(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7 1569 Lake Whitn	ey Drive, Windermere, , FL 34786		
	(Principal o	office street address)	
	(Current mai	iling address, if different)	
	. It for the continued a control of	2 () Boy NOT recentable)	
8. Name and street	et address of Florida registered agent: (F	O. Box (NOT acceptation)	26
Name:	Yu Meng	_ :	73
Office Address:	1569 Lake Whitney Drive	تر مدر آباس ا	
Omes rise and	Windermere	Florida 34786	1 E E E E E E E E E E E E E E E E E E E
	(City)	(Zip code)	< ;
		(4)	S P 3

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								
UChairman	Name: Yu Meng	[]Chairman	Name:					
□Vice Chairman	Address: 3777 Powder Hom Drive	[]Vice Chairman	Address:					
□Director	Furlong, PA 18925	[]Director						
M President		☐President						
ÜVice President		Cl Vice President						
Secretary	☐ Freasurer	Secretary	Treasurer					
[]Other	Other	□Other	Other					
□Chairman □Vice Chairman □Director □President	Name: Jian Wu Address: 3777 Powder Hom Drive Furlong, PA 18925	☐Chairman ☐Vice Chairman ☐Director ☐President	Name:					
☑ Vice President		☐Vice President						
Secretary	■ Treasurer	☐ Secretary	⊋Т г озхия					
⊡Other	Other	☐ Other						
☐ Chairman	Name:	Chairman	Name:	<u></u>				
☐Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
☐ President		□President						
OVice President		□Vice President						
☐ Secretary	☐Treasurer	Secretary	O Treasurer					
□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. 12.								
Signature of Director or Officer The officer or officer or officer 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 felosy as provided for in a \$17.155, F.S. You Harron President								
13. (Typed or printed name and capacity of person signing application)								

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:

Furlong Consulting, Inc.

Request Type:

Subsistence Certificate

File No.:

Issuance Date: June 21, 2023 0003757572

Request No.: Receipt No.:

017362732 000571213

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: September 24, 2007

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Furlong Consulting, Inc.

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

Albert Schmidt

Acting Secretary of the Commonwealth

Mes Behow

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