

MIS000007269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

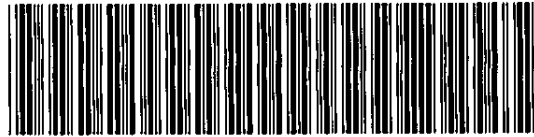
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
15 SEP 11 AM 11:25
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 SEP 11 P 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015
J. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 780447 6864A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 10, 2015

ORDER TIME : 4:36 PM

ORDER NO. : 780447-005

CUSTOMER NO: 6864A

FOREIGN FILINGS

NAME: GENTIS SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 11 P 12:11

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gentis Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Linda M. Lee
Name of Person

c/o Cozen O'Connor
Firm/Company

200 Four Falls Corporate Center, Suite 400
Address

West Conshohocken, PA 19428
City/State and Zip Code

danielmoore@gentissolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Lee 610 941-2378
Name of Contact Person at () Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy |
|--|--|---|---|

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Genis Solutions, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Delaware

3. 47-4566838

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 565 Grampian Blvd, Williamsport, PA 17701

Attention: Daniel R. Moore

(Street Address of Principal Officer)

6. 565 Grampian Blvd, Williamsport, PA 17701

Attention: Daniel R. Moore

(Mailing Address)

7. Name and street address of Florida registered agent, (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation and to place designated in
this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

By: Corporation Service Company

(Registered agent's signature)

M. Zender

Melissa Zender
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Daniel R. Moore - 565 Grampian Blvd, Williamsport, PA 17701 - Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

D. Moore

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 R. Moore

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENTIS SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENTIS SOLUTIONS, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5788163 8300

SR# 20150080826

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10028845

Date: 09-10-15