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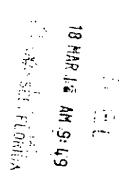
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:

Registration Section

Division	Division of Corporations						
SUBJECT:	BOWERS	CONSULTING	= LLC	,			
		Name of I	imited Liability C	сотралу			
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:							
	J.	AMES R. B	0XJ€RS				
		Ne	me of Person				
	Ĩ	BOWERS CON	SUCTIN	G L	LC		
•		Fi	rm/Company				
		455 AUSTR	BALIAN	AVE	. 2E		
	Address						
PALM BEACH, FL 33480-4526 City/State and Zip Code							
		City/St	ate and Zip Code				
	•	Bowersconsu	Iting @	outle	ock. Com		
		E-mail address: (to be used	for future annual	report not	ification)		
For further inform	ation concerning	this matter, please call:					
	James	R Bawers Contact Person	at (484	<u>35°</u>	4-1961		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
Division Registrati P.O. Box	G ADDRESS; of Corporations on Section 6327 ee, FL 32314			Division of Registrati Clifton Bo 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301		
Enclosed is a chec ☐ \$125.0	k for the followi O Filing Fee	ng amount: \$\Bigsirem\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Certified Copy	g Fee &	15/160.00 Filing Fee, Ce of Status & Certified Cop		

APPLICATION BY FORDIGN LIMITED LLABELITY CONDANY FOR ACTIBIDEZATION FOR THAT ON PLORIDA

N COMPLIANT FITE SET COMPANY TO TRANSACT MI	DN 1892 FLAIDE VALUS DE L SNIV N'HE VALUE FLAIDE	RULLING SSEMENDER REINEN DER LINE BELLIE
	Costs South Note Co.	
BOWER	S CONSULTING C	F PA LLC
(If name mayalable, and absorbe an	ne adopted for the purpose of parameter institute in Fi	with the statem than that transfer thereof the transfer the transfer that the transf
2. PENNSYLUA	and the second second of the second of the second s	3. <u>24 E.N. 8 - 465 97</u> 2
() majoritati masa asi isa di asa	ा सम्बंध स्थाल स्टब्स् क्राइस स्टब्स् । जन्म	29 EN 2 - 465 = 12 PA BUSINESS ENTITY 6357651
4		
	(Date first transparent beatings in Florida of parts in (See sections 605 0004 & 605,0006, F.S. to describ	
5. 101 CHESIUC	120 LANE 36 mipulotice) 20, PA 19041	6. 455 AUSTRALIAN AVE ZE MERLUMAN PALM BEACH, FL 33480
HAVERFOR	10, PA 19041	PALM BEACH, FL 33480
7. Name and street address	of Florida registered agent: (P.O. Box	: NOT acceptable)
Nomai	TAMES P POLI	ERS AVE ZE FL . Florids 33482 (Tip code)
ranic.	27111 <u>23</u> 70 02 5	75
Office Address:	455 AUSTRALIA	大 ケヤヤ とも
	PALM BEACH,	FL . Florida 33480
Registered agent's accepta	(Ciry)	(Zip code;
designated in this application to comply with the provision	on, I hereby accept the appointment a	process for the above stated limited liability company at the place is registered agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am familiar with signature)
0 (0)		
Title or Capacity:	ity and address of the person(s) who ha Name and Address:	S/have authority to manage is/are: Title or Capacity: Name and Address:
CWNER	JAMES R BOWERS	
	PALM BEACH, F	AUE ZE
	PACIN DEACH, F	
		
(Use attachments if necessar	ry)	
	which it is organized. (If the certificate	duly authenticated by the official having custody of records in the e is in a foreign language, a translation of the certificate under oath
10. This document is execute	ed in accordance with section 605 0203	(1) (b), Florida Statutes. I am aware that any false information
		rd degree felopy as provided for in s \$17.155 F.S.
	Signature o	of an authorized person
	JAMES R B	OWERS

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/18/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Bowers Consulting, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the 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.

SENNSYLVANIA OF THE CONTRACTOR

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180118131446-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify