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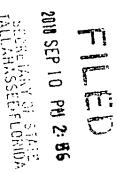
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### **COVER LETTER**

TO:

TO:		ation Section n of Corporation	s							
SUBJI		obal Data Consu	Itants, LLC							
			Name of	Limit	ed Liability (	Company				
			eign Limited Liability Comp I to register the above refer							
Please	return all	correspondence c	oncerning this matter to the	follo	wing:					
		Thomas J. Trg	ovac							
		·	N'	ame c	of Person					
		Global Data C	onsultants, LLC							
			Fi	rm/C	ompany					
		1144 Kennebe	c Drive							
				Add	dress					
		Chambersburg	<sub>I,</sub> PA 17201							
			City/S	tate a	nd Zip Code					
		tomtrgovac@gd	cit.com							
			E-mail address: (to be used	d for	future annual	report no	tification)	<u> 된</u>	201	
For fur	rther infor	mation concerning	this matter, please call:						2018 SEP 10	
	Thoma	is J. Trgovac		at (	717	262-20	080	35	0	i marina
		Name o	Contact Person	_ ''' '	Area Code	Day	time Telephone Nun	ber S	72	
	Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, F1, 32314				Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section duilding recutive Center Circle see, FL 32301	CORROY 21715	2: 86	الاستانية الانتسانية
Enclos		eck for the follow .00 Filing Fee	ng amount:  S130.00 Filing Fee & Certificate of Status		\$155.00 Filir rtified Copy	ng Fee &	□ \$160.00 Filing I of Status & Certific			

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA SEATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

ame and adable ander aleaners	arie adopted for the purpose of transacting business in E	Florida. The alternate name must melicle "Luma-	of Liability Company, ""L.L.C." or "LLC.")
	anic adopted for the purpose of transacting offsness in r	3 20-5050791	a classify Company, 121, C, of 121.C.)
Pennsylvania (Jurisdiction under the law of w	uch foreign limited hability company is organized)	J	number, if applicable)
N/A (TBD)			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration )	
Global Data Consulta		6. Global Data Consulta	ants, LLC
(Street Address of I	rincipal Office)	(Mailing	(Address)
1144 Kennebec Drive			
Chambersburg, PA 1	7201	Chambersburg, PA 1	7201
Nama and stream addra-	ss of Florida registered agent: (P.O. Bo	ov NOT googntable)	
		ox <u>No r</u> acceptance	201 TA
Name:	Wayne Don Courtney		
Office Address:	4953 Blackhawk Drive		
	Saint Johns	. Florida 32259	188 10
ignated in this applica comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	zs)  f process for the above stated lim  as registered agent and agree to	nited liability compliny apple pl act in this capacity. I fighter
ving been named as re ignated in this applica comply with the proviss I accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	f process for the above stated lim as registered agent and agree to er and complete performance of cs signature)	nited liability compliny as the place of act in this capacity. I fulfier my duties, and Famfandiar w
ving been named as re ignated in this applica comply with the proviss I accept the obligation	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propo s of my position as registered agent.  Acceptance of agent	f process for the above stated lim as registered agent and agree to er and complete performance of cs signature)	nited liability compliny as the place of act in this capacity. I fulfier my duties, and Famfandiar w
ving been named as reignated in this application with the provisor accept the obligation.  The name, title or capa	tance:  gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propo- ts of my position as registered agent.  Registered agent active and address of the person(s) who	f process for the above stated lime as registered agent and agree to er and complete performance of its signature)  has/have authority to manage is/a	nited liability compliny at the place of act in this capacity. I further my duties, and Eamfandiar w
ving been named as reignated in this application with the provisor accept the obligation.  The name, title or capation:	tance:  gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  Acceptance and address of the person(s) who Name and Address:  Cressy D. Court hey 1144 Kennebec or.	f process for the above stated lim as registered agent and agree to er and complete performance of 's signature) has/have authority to manage is/a Title or Capacity:  Executive VP	nited liability conging as the place in this capacity. I fruite my duties, and familiar was a Name and Address:  Name and Address:  Thomas J. Tragram
ving been named as reignated in this applicationally with the provised accept the obligation.  The name, title or capations  Title or Capacity:	tance:  gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propers of my position as registered agent.  Acquired agent and address of the person(s) who Name and Address:  CRESSLY D. Court ney  1149 Kennebec Dr.  Chambersburg, PA 17	f process for the above stated lim as registered agent and agree to er and complete performance of 's signature) has/have authority to manage is/a Title or Capacity:  Executive VP	nited liability conging as the place in this capacity. I fruite my duties, and familiar was a Name and Address:  Name and Address:  Thomas J. Tragram
ving been named as reignated in this applicationally with the provised accept the obligation.  The name, title or capative or Capacity:  President CEO  Executive NP  se attachments if neces Attached is a certificate	tance:  gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  Acceptance agent and address of the person(s) who hame and Address:  Cressy D. Court hey little Kennebec Dr. Chambers burg, PA 17.  Denni S C. Coons  WH Kennebec Dr. Chambers burg, PA 17.  Sary)  of existence, no more than 90 days old of which it is organized. (If the certific	f process for the above stated lime as registered agent and agree to er and complete performance of the signature)  has/have authority to manage is/a Title or Capacity:  Executive VP	nited liability conginy as the place in this capacitis. I fresher my duties, and Familiar was duties, and Address:  Name and Address:  Thomas J. Tragram 144 Kannebec Dr. Chambass burs, and having custody of records in the conditions of the condit

Typed or printed name of signice

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/23/2018

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### GLOBAL DATA CONSULTANTS, 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.

THE CONTROLLER OF THE CONTROLL

IN TESTIMONY WHEREOF, I have hereumo 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

Robert Lanes

Certification Number: TSC180823151333-1

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