F25000000259

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(,	
	(O (T) . O .	
(Cit	y/State/Zip/Phone	∋#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
·	·	,
(Do	cument Number)	
(50	cament Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	_	





700441596747

12/38/24--01009--007 **78.75

RECEIVED

DEC 2 6 2024



COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Stahl Sheaffe	er Engineering Inc.		
	Name of corporation	ı - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good Star corporation to transact busine	nding" and check are sub	
Please return all correspon	dence concerning this matte	r to the following:	
Jeffery M. Sheaffer, PE			
	Name of	Person	
Stahl Sheaffer Engineering I	nc.		
	Firm/Con	npany	
301 Science Park Road, Suite	e 333		
	Addr	ess	
State College, PA 16803			
	City/State a	and Zip code	
shigh@stahlsheaffer.com			
	E-mail address: (to be used	for future annual report	notification)
For further information co	ncerning this matter, please	call:	
Susan High	814 at (le) 308-0213 Daytime Telep	
Name of Person	Area Coo	le Daytime Telep	hone Number
STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
	: FLORIDA DEPARTMENT	TOF STATE 3 \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

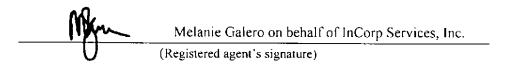
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Stahl Sheaffer	Engineering, Inc.			
	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATIO)N,"	_
(If name unava	ilable in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business in Florida	<u></u>
2. PA	2			
(State or coun	3	(FEI number, if a	 ipplicable)	_
00/07/2005				
(Dat	te of incorporation) 5	(Date of duration, if othe	 r than perpetual)	_
	itly have no business in Florida	`	,	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 k Road, Suite 333, State College, PA 16803	lorida, if prior to registration) 2, F.S., to determine penalty liabi	dity)	_
/	(Principal office	street address)		-
-	(Current mailing a	address, if different)		_
8. Name and streen	eet address of Florida registered agent: (P.O. I InCorp Services Inc.	Box <u>NOT</u> acceptable)	2024 DEC 2 556 1756	call.
Office Address:	3458 Lakeshore Drive		1888 1888 1888 1888	
	Tallahassee	, Florida ³²³¹²	. 21 S . S	O
	(City)	(Zip code)	35	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the 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.

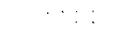


10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	Name:	□Chai r man	Name: Jeffery M. Sheaffer, PE			
□Vice Chairman	Address: 301 Science Park Road, Suite 333	□Vice Chairman	Address:			
□Director	State College, PA 16803	□Director	Selinsgrove, PA 17870			
■ 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			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:		Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	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 director cigning this document (and other in the different in the different in the decimal of the different in the decimal of						

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 or 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.

13. Rod G. Stahl, PE



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: Stahl Sheaffer Engineering, Inc.

Request Type: Subsistence Certificate Issuance Date: December 10, 2024

Request No.: 047578737 File No.: 0000553277

Receipt No.: 001332730

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: September 07, 2005

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Stahl Sheaffer Engineering, 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

Secretary of the Commonwealth

Mens School

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