## THE MAN WAS CONTROLLED TO THE PARTY OF THE P

## Annual Records Statement

Division of Corporate Services Compliance Division - Pennsylavania Corporations 3915 Union Deposit Road #921 Harrisburg, PA 17109 855-530-2615

support@corporateservicesdivision.us

Please Respond By:

|   |   | Augi   | August 28, 2015  |  |
|---|---|--|--|--|
| , PA 17758-6227   |   | 1,000000000000000000000000000000000000   |  |  |
| Business Name:  |   | Business #:  | Business #:  |  |
| Date of Incorporation: 6/10/2015  |   | Respond by: Aug  | Respond by: August 28, 2015  |  |
| Records Statement For Year: 2015  |   | Tracking Id:PA   | Tracking Id:PA001  |  |
| The completion of this for Pennsylvania Statute \$1508 and Pennsylvania Statute \$1508: Or and accurate books and record shareholders and directors. Pennsylvania Section \$1755, a calendar year for the election The Division of Corporate Serany other government entity. These records do not fulfill yof Pennsylvania. You are not your records requirement. | Pennsylvania Statute Storporate records, Each is of account, minutes at least one meeting of directors.  Vices does not official Division of Corporate Sour potential obligatio | business corporation stop of the proceedings of the shareholders shall by represent the State ervices is a third party on to file an Annual Report | hall keep complete<br>the incorporators,<br>I be held in each<br>of Pennsylvania or<br>service provider.<br>ort with the State |  |
| Complete and Return Ent.<br>List all shareholders (this co  |   |  |  |  |
| Name  | Name  |  | *Owned   |  |
| Name  | Name  | <del></del>  | *Owned   |  |
| Name  | *Owned Name   |  | %Owned   |  |
| Name  | %Owned Name   |  | \$0wned  |  |
| List All Directors (this coul   | d be just you):   |  |  |  |
| Name  | Title Name  |  | Title  |  |
| Name  | Title Name  |  | Title  |  |
| Name  | Title Name  |  | Title  |  |
| Name  | TitleName   | ·<br>  | Title  |  |
| Contact Information: Print Name_  |   |  |  |  |
| Email   |   | Phone  |  |  |
| SIGNATURE   |   | Date   |  |  |
| By signing you are confirming that<br>Division of Corporate Services to<br>Pennsylvania Statutes 1508 and 175   | process your payment for  | true and accurate and you a  |  |  |
| RETURN ENTIRE FORM WITH   | \$150 FEE PAYABLE TO:   | Division of Corpor<br>3915 Union Deposi<br>Harrisburg, E   | it Road #921   |  |
| Credit Card Payment:  |   |  |  |  |
| ☐ Visa / Mastercard ☐ America   | n Express Discover  |  |  |  |

| <u></u>   |             |  |
|---|-------------|--|
| Credit Card Payment:                              |             |  |
| ☐ Visa / Mastercard ☐ American Express ☐ Discover |             |  |
| Card Number:                                      | Expiration: | CVV (3 Digit Securty. Code On Back Of Card): |
|   |             |  |
| O2015 Ohisisa of Carporate Mereicas               |             |  |