	NSYLVANIA DEPARTMEN REAU OF CORPORATIONS		LE ORGA	NIZATION	NS		
Enti	Application ity Number	on for Certificate (15 Pa.C.S.)	of Author	rity			
	Fore Fore	ign Business Corporation of the service of the serv	on (§ 4124) ion (§ 6124)				
N	Donald J. Weiss, Esqui	na	Document will be returned to the name and address you enter to				
A	Address 6 Hilloch Lane the left. ←						
	ity State Chadds Ford PA	Zip Code 19317					
Fee: \$ associat	In compliance with the requirementions), the undersigned, hereby states to					•	
2.	Complete only when the corporation must adopt a corporate designator for use in Pennsylvania. The name which the corporation adopts for use in this Commonwealth is:						
3	If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following: The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:						
	The corporation shall do business in Pendirectors under the applicable provisions DSCB:54-311 (Application for Registrat	of 15 Pa.C.S. (relating to	fictitious name corporations an	pursuant to the	attached resolution d associations) and	of the board of he attached form	
4	The name of the jurisdiction under the laws of which the corporation is incorporated is:						
5	The address of its principal office under the laws of the jurisdiction in which it is incorporated is:						
	Via Nomentana 299	00162 Roma	Italy	1			
	Number and street	City	Stat	e	Zip		
6	The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (a) Number and street City State Zip County						
	101 N. Pointe Boulevard Sui	•		Zip 17601	Lancaster		
	(b) Name of Commercial Registered	CONTROL OF A STATE OF THE PROPERTY OF THE PROP		County			

7	Check one of the following:				
	Business Corporation: The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.				
	X <i>Nonprofit Corporation</i> : The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.				
8	Business corporations only. Check any applicable statements:				
	This corporation is organized on a nonstock basis. This corporation is a statutory close corporation. This corporation is a management corporation. This corporation is a professional corporation. This corporation is an insurance corporation. This corporation is a benefit corporation.				
	TIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of ty to be signed by a duly authorized officer thereof this <u>31st</u> day of <u>March</u> , 20 <u>15</u> .				
	Ecumenical Hospital Order of Saint John -				
	Knights of Malta				
	Name of Corporation				
	Donald Western Signature				
	As Attorney				
	Title				

IN

Docketing Statement DSCB:15-134A (Rev 2012) Departments of State and Revenue	BUREAU USE ONLY: Dept. of State Entity #				
One (1) required	Dept. of Rev. Box #				
	Filing PeriodDate 3 4 5				
	SIC/NAICSReport Code				
Check proper box:					
business stock business non-stock professional nonprofit stock nonprofit non-stock statutory close management cooperative insurance benefit limited liability company restricted professional limited liability company business trust	Foreign Entities State/Country				
Entity Name: Ecumenical Hospital Order of Saint John - Knights of Malta Individual name and mailing address responsible for initial tax reports: Donald J. Weiss 6 Dickinson Drive, Suite 110 Chadds Ford PA 19317					
Name Number and street City State Zip					
3. Description of business activity: non-profit entity to raise money for physical & medical assistance to needy individuals in 4. 4. Specified effective date, if any: month/day/year hour, if any 5. EIN (Employer Identification Number), if any:					
6. Fiscal Year End: December 7. Fictitious Name (only if foreign corporation is transa	cting business in PA under a fictitious name):				

Donald J. Weiss, Esq. PC

ATTORNEY AT LAW

DONALD J. WEISS PRESIDENT

Certified Public Accountant LL.M. (Taxation) NYU

6 Hilloch Lane Chadds Ford, PA 19317

Website: www.DonaldJWeiss.com E-Mail: DonaldJWeissEsq@AOL.COM CHADDS FORD OFFICE FAX: 610-459-8653 PHONE: 610-459-8074

March 31, 2015

VIA FACSIMILE (717) 783-2244

Commonwealth of Pennsylvania Department of State Corporation Bureau 401 North Street, Room 206 Harrisburg, PA 17105

Re:

Deposit Account No. 20913

Ecumenical Hospital Order of Saint John - Knights of Malta

Gentlemen:

Enclosed please find an Application for Certificate of Authority (foreign non-profit) for the above business, along with the Docketing Statement. Please file these documents accordingly and charge our deposit account as above.

Thank you for your assistance with this matter and please feel free to contact me if you have any questions or require additional information.

Respectfully submitted,

Donald J. Weiss

DJW/hp enclosure

Donald J. Weiss, Esq. PC

ATTORNEY AT LAW

DONALD J. WEISS **PRESIDENT**

Certified Public Accountant LL.M. (Taxation) NYU

6 Hilloch Lane Chadds Ford, PA 19317

Website: www.DonaldJWeiss.com E-Mail: DonaldJWeissEsq@AOL.COM CHADDS FORD OFFICE FAX: 610-459-8653 PHONE: 610-459-8074

FACSIMILE TRANSMISSION COVER SHEET

To:

Commonwealth of Pennsylvania / Department of State

Corporate Bureau

From:

Donald J Weiss, Esquire

Date:

March 31, 2015

Fax #:

(717) 783-2244

Total No. of Pages (including cover):

COMMENTS:

Re: Ecumenical Hospital Order of Saint John – Knights of Malta

IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL: ***********

610-459-8074 ***********

CONFIDENTIALITY NOTICE: The information contained in this telecommunications message is privileged and confidential, and intended solely for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying, distribution, or taking of any action in reliance on the contents of the telecopied materials is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of the attorney/client privilege. If you have received this transmission in error, please immediately notify us by telephone (610) 459-8074 to arrange for return of the materials. Thank you.

TRANSMISSION VERIFICATION REPORT

TIME : 03/31/2015 13:19

NAME : HOLLIE PALO FAX : 6107932709 TEL :

SER.# : U62700C1N256391

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE 03/31 13:18 7177832244 00:01:06 05 OK STANDARD ECM

Donald J. Weiss, Esq. PC

ATTORNEY AT LAW

DONALD J. WEISS PRESIDENT

Certified Public Accountant LL.M. (Taxation) NYU 6 Hilloch Lane Chadds Ford, PA 19317

Website: www.DonaldJWeiss.com E-Mail: DonaldJWeissEsq@AOL.COM CHADDS FORD OFFICE FAX: 610-459-8653 PHONE: 610-459-8074

FACSIMILE TRANSMISSION COVER SHEET

To:

Commonwealth of Pennsylvania / Department of State

Corporate Bureau

From:

Donald J Weiss, Esquire

Date:

March 31, 2015

Fax #:

(717) 783-2244

Total No. of Pages (including cover):

5

COMMENTS:

Re: Ecumenical Hospital Order of Saint John – Knights of Malta