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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Ps 5/24/11

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: Prizm Management, Inc.					
	ration - must include suffix				
Dear Sir or Madam:					
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.				
Please return all correspondence concerning this i	matter to the following:				
Shomari Richardson					
	ne of Person				
1579 Elmhurst Circle	n/Company				
	Address				
Palm Bay, FL 32909					
City/S	State and Zip code				
jp1415@gmail.com					
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, pl	ease call:				
Shomari Richardson					
Name of Person	Area Code & Daytime Telephone Number				
Name of Calabin	The course is a jump to a provide that the course is a provide to the cours				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:					
\$70.00 Filing Fee & Certificate of Status					

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.

470	11 * 151 * 1		131 21 3
	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in	Fiorida)
2. Colorado	under the law of which it is incorporated)	3(FEI number, if applicable)	
4. 04/20/2006	_	5. Perpetual	
· · · · · · · · · · · · · · · · · · ·	of incorporation)	(Duration: Year corp. will cease to exist or "perp	petual")
6.			
<u> </u>		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
_{7.} 1579 Elmh	urst Circle, Palm Bay FL 329		
(Principal office address)		,	-
1579 Elmhurst Circle, Palm Bay FL 32909			
	(Current mailing a	ddress)	ω 3>
_{8.} Manageme	ent		<u>=</u>
·· —		country to be carried out in state of Florida)	MAY 23 AM 11: 39
9. Name and stre	et address of Florida registered agent: (P	O. Box NOT acceptable)	
Name:	Shomari Richardson		
Office Address:	1579 Elmhurst Circle		
	Palm Bay	Etorida 32909	
	(City)	, Florida 32909 (Zip code)	
Having been nan designated in this	application, I hereby accept the appoin	rvice of process for the above stated corporation stment as registered agent and agree to act in th s relative to the proper and complete performan	ris capac

11. 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.

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:	T-2017 - 111 - 1	
Address:		
	.	
Vice Chairman:		
Address:		
		
Director:		<u> </u>
Address:	ATT #4.5	
Director:		
Address:		
	<u> </u>	SECRE
B. OFFICERS	MAY 23	으로 으로
President: Shomari Richardson		
Address: 1579 Elmhurst Circle	<u> </u>	- 물망 -
Palm Bay FL 32909	<u>ယ</u> မ	ATE
Vice President: April Nembard		5 5
Address: 1579 Elmhurst Circle		
Palm Bay FL 32909		
Secretary: Jason Ross		
Address: 1579 Elmhurst Circle Palm Bay FL 32909		
Treasurer:	<u>.</u>	.
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers at 13 homein Richard, tresident	and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.		
14 Shomari Richardson, President		

(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Prizm Management, Inc.

is a **Corporation** formed or registered on 04/20/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061167370.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/12/2011 that have been posted, and by documents delivered to this office electronically through 05/17/2011 @ 16:45:32.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/17/2011 @ 16:45:32 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7948445.



Secretary of State of the State of Colorado

*********End of Certificate**********************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."