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COVER LETTER

	-	tion Section of Corpor							
SUBJE	CT:	Bodhi Re	source Grou	p, Inc.					
			Name	of corpora	ition - n	nust include suffix			_
Dear Sir	or Mada	am:							
"Certific	ate of E	xistence,"		te of Good	Standin	thorization to Transage and check are sun Florida.			
Please re	turn all	correspond	lence concer	ning this m	atter to	the following:			
			Λ	aron Wad	e Kling	gler			
				Name	of Per	son			
			Į	3odhi Reso	ource (Group, Inc.			
				Firm/0	Compar	ıy			
			9	900 Spect	rum Di	rive			
				A	ddress				
				Austin, T	X 7871	7			
				City/Sta	ite and 2	Zip code	<u></u>		
						dhiresourcegroup.			<u> </u>
		1	E-mail addre	ss: (to be us	sed for t	future annual report	notification)		
For furth	ner infon	mation con	cerning this	matter, plea	ise call:		MILLE	2817 001 10	17
Aar	on Wac	le Klingle	r	at (_972)	822-3793	語為		
	Name o	f Person		Area	Code	Daytime Tele	phone Number	0	1 [7]
							[**];; ;	T	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					MAILING ADDRESS: 22 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed	l is a che	ck for the	following an	nount:					
23 \$70.0	00 Filing	Fee □	\$78.75 Fili Certificate			78.75 Filing Fee & ertified Copy	□ \$87.50 Fi Certifica Certified	te of Sta	

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.

1. Bodhi Re	source Group, Inc.					
	orporation; must include "INCORPORA" orp," "Inc," "Co," or "Corp.")	ΓED," "Co	OMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate	name adopt	ted for the purpose of transacting business in Florida)			
Texas		3				
(State or counti	y under the law of which it is incorporate	d)	(FEI number, if applicable)			
02/21/	2017	5				
(Date	of incorporation)		(Date of duration, if other than perpetual)			
· }.						
, . <u></u>	9900 Spectrum Drive, At	· · · · · · · · · · · · · · · · · · ·	78717 Tice address)			
	(Current					
	,	mailing ad	dress, if different)			
. Name and stree	et address of Florida registered agent:					
. Name and <u>stre</u> d Name:	·					
Name:	et address of Florida registered agent:					
"	Registered Agents Inc. 3030 N. Rocky Point Dr. STE 150A	(P.O. Bo	ox NOT acceptable) NOT acceptable) NOT acceptable			

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.

Registered Agents Inc.

Bill Havre - Assistant Secretary

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRE	CIORS			
Chairman:				
Address: _				
				Ī
Vice Chairr	nan:			
Aduress				•
Director: _				
		•		
Audress: _				
				<u>`</u>
Director: _			<u>.</u>	
Address: _				
-				
B. OFFIC	CERS			
President:	Aaron Wade Klingler			1
	507 W. Northgate Drive, Irving, TX 75062	NLT.	HE	,=4-4
Address	8,	=	DC1	
_		13.SEE	-0	
Vice Presid	ent:	<u>m</u>	U	[1]
Address: _			ನ	
_		<u> Sin</u>	21	
Secretary:	· · · · · · · · · · · · · · · · · · ·			!
Address: _				
Treasurer:				
Address: _				
NOTE: If	necessary, you may attach an addendum to the application listing additional officers a	nd/or di	rectors.	-
12	Aaron Wade Klingler Signature of Director or Officer			
The effect		Ab c C	1	1 1
	r or director signing this document (and who is listed in number 11 above) affirms that d that he or she is aware that false information submitted in a document to the Departm			
a third deg	ree felony as provided for in s.817.155, F.S.			
13	(Typed or printed name and capacity of person signing application)			<u></u>
	LIVERS OF BEISTOS NOMO ONS ANNOSTU AT AARGAN SURBING ANNICOTION			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BODHI RESOURCE GROUP INC. (file number 802619132), a Domestic For-Profit Corporation, was filed in this office on January 05, 2017.

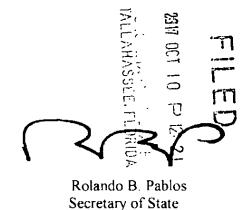
It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on August 28, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 759106620003