

FD200000 2445

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIRIUS PROTECT SOLUTIONS, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

100005502641--2

-05/10/02--01044--010

*****87.50 *****87.50

KATHY PHILLIPS

(Name of Person)

SIRIUS PROTECT SOLUTIONS, INCORPORATED

(Firm/Company)

P.O. BOX 1810

(Address)

ELFERS FL 34680

(City/State and Zip code)

For further information concerning this matter, please call:

KATHY PHILLIPS

(Name of Person)

at (727) 688 7001

(Area Code & Daytime Telephone Number)

FILED
02 MAY 10 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

5/10/02

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. SIRIUS PROJECT SOLUTIONS, INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. COLORADO, USA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/12/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7926 FORT SMITH ROAD, PEYTON, COLORADO 80831
(Principal office address)
- 7926 FORT SMITH ROAD, PEYTON, COLORADO 80831
(Current mailing address)

8. CONDUCT CONSULTING BUSINESS IN FLORIDA
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: KATHLEEN L. PHILLIPS

Office Address: 5040 SOUTHSORE DR

NEW PORT RICHEY, Florida 34652
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. 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.

K L Phillips

(Registered agent's signature)

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: DDRA GARZA

Address: 7926 FORT SMITH ROAD
PEYTON, COLORADO 80831

Vice President: _____

Address: _____

Secretary: KATHY PHILLIPS

Address: 5040 SOUTHSORE DR, NEW PORT RICHEY FL 34653

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathy Phillips, Sec.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KATHY PHILLIPS, SECRETARY
(Typed or printed name and capacity of person signing application)



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

SIRIUS PROJECT SOLUTIONS, INCORPORATED.
(Colorado CORPORATION)
File # 20021112179

was filed in this office on April 29, 2002 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: April 12, 2002

For Validation:

Certificate ID: **554658**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow the
instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson
SECRETARY OF STATE