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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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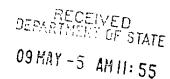
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2009

MARK WEST 268 N. LONCOLN AVE. STE. 12 CORONA, CA 92882-7103

SUBJECT: SALES ADVANTAGE GROUP, INC.

Ref. Number: W09000015701

We have received your document for SALES ADVANTAGE GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the papplication.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 509A00011340

COVER LETTER

	ing Section of Corporations					
SUBJECT:	<u>.</u>	s A	BUAN	TAGE	GROU	P, /NC.
				nust includ		
Dear Sir or Mad	am:					
						eact Business in Florida," enced foreign corporation to
Please return all	correspondence concernin	g this n	natter to t	ne followir	ıg:	
	MARK	WE	57			
	MARK	(Nai	ne of Per	son)		
	SALES	ADI	ANTH	HE G	Rouf), /NC.
		(Fin	n/Compa	ny)		- 10
	268 N	41-	しくウムへ	AVE.	5	TE. 12
	_		(Address)		~ /	n 2
	CORONA) , C	4 9	2882	- //	
		(City/S	state and 2	Zip code)		
For further infor	mation concerning this ma	tter, ple	ease call:			
MARK V	UEST a	t (95	5/)	549	830	9 x 202
(Name	of Person)	(<i>A</i>	rea Code	& Daytim	e Telep	hone Number)
New Fil Division Clifton I 2661 Ex	T/COURIER ADDRESS ing Section of Corporations Building ecutive Center Circle see, FL 32301			New Divis P.O.	Filing Sion of G Box 63:	Corporations
Enclosed is a cho	eck for the following amou	nt:				
\$70.00 Filing	Fee \$78.75 Filing F			.75 Filing rtified Cop		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1SAL	ES ADVANTABLE GRE	OUP, INC.
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"
		MTERNATIONAL 1
SALES	ADVANTAGE GROM	NTERNATIONAL, INC.
(If name unavaila	ble in Florida, enter alternate corpora	ate name adopted for the purpose of transacting business in Florida)
2. CALI	FORNIA	3. 26-4121620 (FEI number, if applicable)
(State or country i	inder the law of which it is incorpora	ted) (FEI number, if applicable)
4.	JAN. 22, 2009	5. PERACTURL (Duration: Year corp. will cease to exist or "perpetual")
6	PEND	ING / UPON QUALIFICATION
•	(Date first transacted b (SEE SECTIONS 607.1501	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)
7. 295	NE 5 TR. AVE.	# 22 DELRAY BEACH, FL 33483 ffice address)
	(Principal o	ffice address)
268 N.	LINCOLN AVE. STE	iling address)
•	(Current ma	iling address)
8. (Purpose(s)	of corneration authorized in home s	tate or country to be carried out in state of Florida)
•	·	
9. Name and street	t address of Florida registered age	ent: (P.O. Box NOT acceptable)
Name:	CHRISTEEN CUB	11405 Silver 1
Office Address:	295 NE 5TH ,	AVE. #22
	DELRAY BEACH	, Florida <u>33483</u>
	(City)	, Florida 33483 (Zip code)
10. Registered ag	ent ³ s accentance	·
		ept service of process for the above stated corporation at the place
		appointment as registered agent and agree to act in this capacity. I
		atutes relative to the proper and complete performance of my duties If my position as registered agent.
2		
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	Wan	$\mathcal{U}_{\overline{\lambda}}$

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. DIRECT	TORS	
Chairman:	KENNETH KELLERMAN	
Address:	268 N. LINCOLN AVE. STE. 12	
	CORONA, CA 92882	
	n: LOUIE S. NORWOOD	
Address:	268 N. LINCOLN AVE. STE. 12	
	CORONA, CA 92882	
Director:	N/A	
Director:	N/A	<u> </u>
Address:		70 E
		F7 1- 131
B. OFFICE	RS	PH W
President:	KENNETH KELLERMAN	PH 1: 03
	268 N. LINCOLN AVE. STE. 12	20 A
	CORONA, CA 92882	
Vice President	t:N/A	
Address:		
Secretary:	LOGIE S. NORWOOD	
Address: 20	68 N. LINCOLN AVE., STE. 12, CORONA, CA	92882
	LOWE S. NORWOOD	
Address: 20	68 N. LINCOLN AVE., STE. 12, CORONA, CA	92882
NOTE: If no	ecessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application	n)
14	,	·· <i>,</i>
	(Typed or printed name and capacity of person signing application)	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SALES ADVANTAGE GROUP, INC.

FILE NUMBER:

C3179248

FORMATION DATE:

01/22/2009

·TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

HAN -5 PH IN 103

I. DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 30, 2009.

DEBRA BOWENSecretary of State