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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Locke Consulting Group Inc
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," or "Certificate of Good Standing" 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:
David L. Gothard
Name of Person
Locke Consulting Group Inc
Firm/Company
PO Pox 111148
Address
Naples, FL 34108
City/State and Zip code
lockecgi@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denice Hetkowski at (702) 895-8861
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Section 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 \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certificate of Status & Certified Copy} \text{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.

1. Locke Consu	Iting Group, Inc.	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"
Locke CGI		
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)
_{2.} Nevada	3	88-0412389
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 12-22-1998	5	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. March 1, 20	11	
	•	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
_{7.} 5400 Yahl \$	St., Suite C Naples, FL 341	09
	(Principal office ad	dress)
PO Box 11	1148 Naples, FL 34108	
	(Current mailing ad	dress)
O		
8. Consulting	e) of corporation authorized in home state or o	country to be carried out in state of Florida)
(rui pose(s	y of corporation authorized in notice state of c	soundy to be carried out in state of Frontal,
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	David Gothard	
Office Address:	5400 Yahl St., Suite C	
	Naples	Florida 34109
	(City)	, Florida 34109 (Zip code)
10 10 14 1		
Having been nam designated in this further agree to co	application, I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: David Gothard
Address: 5400 Yahl St., Suite C
Naples, FL 34109
Vice Chairman: Denice Hetkowski
Address: 5709 Reiter Ave
Las Vegas, NV 89108
Director: David Gothard
Address: 5400 Yahl St., Suite C
Naples, FL 34109
Director: Denice Hetkowski
Address: 5709 Reiter Ave
Las Vegas, NV 89108
B. OFFICERS
President: David Gothard
Address: 5400 Yahl St., Suite C
Naples, FL 34109
Vice President: Denice Hetkowski
Address: 5709 Reiter Ave
Las Vegas, NV 89108
Secretary: Denice Hetkowski
Address: 5709 Reiter Ave, Las Vegas, NV 89108
Treasurer: David Gothard
Address: 5400 Yahl St., Suite C Naples, FL 34109
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
14. David Gothard

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LOCKE CONSULTING GROUP, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 22, 1998, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20110323-0150
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 23, 2011.

ROSS MILLER Secretary of State