William Programme

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001338393)))



H110001338393ABC

то:	Division of Corporations Fax Number : (850) 617-6381	ONTERIOR OF COREONALOR IN MAILE	RHOH
From:	Account Name : CORPORATE ACCESS, INC. Account Number : FCA000000011 Phone : (850)222-2666 Fax Number : (850)222-1666	An 9: 33	, S
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	address for this business entity to be used for in a mailings. Enter only one email address please.*	*	
annual report	rt mailings. Enter only one email address please.*	SECRETARY ALLAHASSEE	201 HW 25
Email Address FORE	rt mailings. Enter only one email address please.* se: IGN PROFIT/NONPROFIT CORPORATION RESOURCE SOLUTIONS GROUP, INC.	SECRETARY ALLAHASSEE	-
Email Address FORE	rt mailings. Enter only one email address please.* se: IGN PROFIT/NONPROFIT CORPORATION RESOURCE SOLUTIONS GROUP, INC.	SECRETARY OF TALLAHASSEE, F	-

Corporate Filing Menu

Electronic Filing Menu

Help



May 18, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATE ACCESS, INC.

SUBJECT: RESOURCE SOLUTIONS GROUP, INC.

REF: W11000027437

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 application.

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

The document number of the name conflict is P03000047891 (RESOURCE SOLUTIONS GROUP, INC.).

If you have any further questions concerning your document, please cal (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H11000133839 Letter Number: 511A00012336 BILMAY 25 AM 10: 45

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. RESOURCE	SOLUTIONS GROUP, INC. Corporation; must include "INCORPORAT	FD	" "COMPANY." "CORPORATION."			
"Inc.," "Co.,"	Corp, " "Inc," "Co," or "Corp.")	J., J				
	SOLUTIONS, INC.					
(If name unava	ilable in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting busin	ess in Flor	ida)	
2. CALIFORNIA		_ 3,	27-4606792			
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)			
4. SEPTEMBER	23, 2010	5.	PERPETUAL			
	te of incorporation)	•	(Duration: Year corp. will cease to exist or	"perpetus	ul")	
6						
			n Florida, if prior to registration) 502, P.S., to determine penalty liability)	,		
7,280 CORPOR	ATE TERRACE CIRCLE, CORONA, CA	92	B7 9			
	(Principal office	adt	ress)			
280 CORPOR	ATE TERRACE CIRCLE, CORONA, CA	92	879			
mont fish beld may be hill for a	(Current mailing			Ħ		
	SHOW MARKETING			≯ 20	=	en.
(Purpose)	(s) of corporation authorized in home state of	r co	nuntry to be carried out in state of Florida)	A.S	7	t man
9. Name and stru	el address of Florida registered agent: (.). Box <u>NOT acceptable</u>)	A9SEE	25	
Name:	SEAN JONES				氢	f f
Office Address:	611 S. FT. HARRISON AVE #375			20.2	8. mm 4.5	Name .
Olike Muuless.	OTT O. T. I. HATTI III OTT THE TOTO			(\$77±) }≽	45	
	CLEARWATER		, Florida 33756			٠
	(City)		(Zip code)			
10. Registered as	gent's acceptance:					
Having been nan	sed as registered agest and to accept se	rvle	z of process for the above stated corpore	rtion at ti	ie place	
designated in this	application, I hereby accept the appoin	11111	wat as registered agent and agree to act	ių this co	pacity. I	
and I am familion	vemply with the provisions of all statute with and accept the obligations of my	S 70 MAG	lative to the proper and complete perfor- ition as registered agent.	mance of	'my dutie	S,
	EAN JONES					
•						
	<u>S</u>					
-	(Registered agent's alguatu	re)				
11. Attached is a c	certificate of existence duly authoriticate	d, i	not more than 90 days prior to delivery of icial having custody of corporate records	this appl	ication to	
we wohatnoom of	Army by the Societies of Since of Offici	OI.	seen usated ensured of coulousts tecotos	w me in	isolotion	

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: ANDREW PASQUA	·		
Address: 30898 VIA LAKISTAS			 -
LAKE ELSINORE, CA 92530			
Vice Chairman: SEAN JONES			
Address: 611 S. FT. HARRISON AVE #375			
CLEARWATER, FL33756	~ -		
Director: REXTROVILLION			
Address: 30945 VIA LAKISTAS			
LAKE ELSINORE, CA 92530			
Director:	-, <u>.</u> ,		
Address:		-	
	····		
B. OFFICERS			
President: ANDREW PASQUA	SEL ALL		
Address: 30898 VIA LAKISTAS	AHA	K	~
LAKE ELSINORE, CA 92530	ASSE ASSE	25	7
Vice President: REX TROVILLION	La Carlo	>	Π
Address: 30943 VIA LAKISTAS	07	ॡ	Series .
LAKE ELSINORE, CA 92530	Estri >	5	
DOYGULY, SEAN JONES			
Address: 611 S. FT. HARRISON AVE #375, CLEARWATER, FL 33756		~~~~~	
Teasurer: SEAN JONES	****		
ddress: 611 S. FT. HARRISON AVE #375, CLEARWATER, FL 39756			
OTE: If necessary, you may attach an addendum to the application listing additional officers a	md/or direct	tors.	
(Signature of Director Officer listed in number 12 of the application)			
	_ (eg5v/		
(Typed or printed name and capacity of person signing application)	المالية المستن	<u>CY</u>	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RESOURCE SOLUTIONS GROUP, INC.

FILE NUMBER:

FORMATION DATE: JURISDICTION:

C3319080 09/23/2010

TYPE:

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DOMESTIC CORPORATION

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 tinancial 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 May 05, 2011.

> DEBRA BOWEN Secretary of State

NP-25 (REV 1/2007)

OSP OS SUTO: PAM

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