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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: THE RLEADS-GROW	P. INA	
Name of corporation -		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register	
Please return all correspondence concerning this matter t	o the following:	
B. Paul Katz		
Name of P	erson	
Law Office of		
Firm/Comp	pany	
Atrium Suite, 1 Flo	orida Park Drive South	<u> </u>
Address the state of the state	S	
Palm Coast,	FL 32137	
City/State and	d Zip code	
_ KEADS@ RLEADS-GROW.	r future annual report notification)	
E-mail address: (to be used fo	or future annual report notification)	
For further information concerning this matter, please ca	11:	
	•	
Robert L. Eads at (386) 446-3993	
Name of Person Area Code & Daytime Telephone Number		
		DI SE
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	AUG -
Division of Corporations	Division of Corporations	- 241 - 264
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	元 公 記
Enclosed is a check for the following amount:		ထ _ ්
\$70.00 Filing Fee Secretificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certificate Certified C	of Status &

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. THE RLEADS GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
The Dices of American		
THE RLEADS COMPANY, INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)	
2. EORGIA (State or country under the law of which it is incorporated) 3. 27-3033568 (FEI number, if applicable)		
4. 07/02/2010 5. CRRETURE (Date of incorporation) 5. Unration: Year corp. will cease to exist or "per		
(Date of incorporation) (Duration: Year corp. will cease to exist or "per	rpetual")	
6(Date first transacted business in Florida, if prior to registration)	·	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 15 CHIPPEWAY CT PALM COAST, FL 32137 (Principal office address) 5AM		
(Principal office address)		
(Current mailing address)		
8. / NFORMATION ECHNOLOGY ONSULTING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2	j. NY€
	AUG	SION FURE
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<u></u>	97X.
Name: B. Paul Katz	70	1889 1897 1897
Office Address: Atrium Suite, 1 Florida Park Drive South	***	S FA
Palm Coast , Florida 32137 (City) (Zip code)	ယ အ	
(City) (Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporatio designated in this application, I hereby accept the appointment as registered agent and agree to act in t	this capacit	y. I
further agree to comply with the provisions if all statutes relative to the proper and complete performand and I am familiar with and accept the obligations of my position as registered agent.	nce of my a	luties,
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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:	SECRETARY OF STATE DIVISION OF CORPORATION	
Chairman: HOBERT L, EADS	2011 AUG - 1	PH 1: 38
Address: 15 CHIPPEWAY CT		
PALM COAST, FL 32137		
Vice Chairman:		
Address:		
Director: BARBARA JANE CASS Address: L5 CHIPPEWRY LT PALM CORES, FL 32137		
Director:		
Address:		
B. OFFICERS President: ROBERT L. EATS Address: 15 CHIPPEWRY LT PARM CORST, FL 32137		
Vice President:		
Address:		
Secretary: BARBARA JANE EADS Address: 15 CHIPPEWAY CJ PALM C	POAST. FL	. <i>321</i> 37
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or di	rectors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affi are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.		
14. TOBERT L. EADS PRESIDENT (Typed or printed name and capacity of person signing application)	ion)	

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

THE RLEADS-GROUP, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/02/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of July, 2011

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 7644556-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp