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(Ad	dress)					
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JRP International, Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submit above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Amber Ragland	
Name of Person	
Incorp Services, Inc.	
Firm/Company	
2360 Corporate Circle, Suite 400	
Address	
Henderson, NV 89074-7722	20 7A
City/State and Zip code	CRE
jrpowers.intl@gmail.com	ification) Sa N
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	P. P. M
Amber Raglandfor Incorp Services, Inc. at (702) 866-2500	्रा अ अ
Name of Person Area Code & Daytime Telephone	e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: MAILING ADI New Filing Secti Division of Corp P.O. Box 6327 Tallahassee, FL Tallahassee, FL	ion porations
\$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

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.

. JRP Interna	ational, Inc.			
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
(If name unavail	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busin	ess in Florida)
Nevada	•	3.	NIA	ŕ
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)	
9/13/2007		5.	Perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
Upon regist	ration_			
			n Florida, if prior to registration) 02, F.S., to determine penalty liability)	· · · · · ·
101 Canua	•			
TO I CONVE	ntion Center Dr., Suite 700, (Principal office			
101 Conve	ntion Center Dr., Suite 700,		,	
101 COUVE	(Current mailing			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, ,		,	ZECRETARY NLLAHASSE
Talent Rel	nearsals and Showcase			HAN HAN
(Purpose(s	s) of corporation authorized in home state of	r co	untry to be carried out in state of Florida)	2 8 SE
. Name and stree	et address of Florida registered agent: (P.C	. Box NOT acceptable)	P. P.
Name:	Incorp Services, Inc.			રેકે બ
				30 36
office Address:	17888 67th Court North			
	Loxahatchee		, Florida 33470	
	(City)		(Zip code)	

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.

Amber Ragland on behalf of Incorp Services, Inc.

(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: PATRICIA BROWN	
Address: P.O. BOX 27740	
LAS VEGAS, NV 89126	
Vice Chairman:	
Address:	
Director:	
Address:	
_	
Director:	
Address:	
B. OFFICERS	
President: PATTERSON	201 7ALL
Address: P.O. BOX 27740	NOV AHA
LAS VEGAS, NV 89126	28 SSEE
Vice President:	n R
Address:	
	6# pr C
Secretary: PATRICIA BROWN	
Address: P.O. BOX 27740, LAS VEGAS, NV 89126	
Treasurer:PATRICIA BROWN	
Address: P.O. BOX 27740, LAS VEGAS, NV 89126	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors
	rident
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above)	

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. Ronald L. Patterson, President (Typed or printed name and capacity of person signing application)





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, **JRP INTERNATIONAL**, **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 September 13, 2007, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20111111-0469
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 November 11, 2011.

ROSS MILLER Secretary of State