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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	New Filing Sec Division of Cor						
SUBJE	CT:	Ber	ntiey, inc	;			
		Name of corpo	ration - must	include suffix	·········	-	
Dear Sir	or Madam:						
"Certific	ate of Existence	ion by Foreign Corporatio e," or "Certificate of Good n corporation to transact b	l Standing" a	nd check are sub			,
Please re	eturn all corresp	ondence concerning this n	natter to the	following:			
		Bil	l Davis				
		Nan	ne of Person		-,		
_		Ber	ntley, Inc	;			
		Firm	/Company	•		= S	12
		109 E. 17TH St	reet S	uite 4153			
			Address			<u> </u>	6
		Cheyen	ne, WY	82001		SS TE	-0
	· ·	City/St	ate and Zip	ode		F1 -5	
_			Bentley			53	PH
		E-mail address: (to be u	ised for futur	e annual report i	otification)	RIO	 -
For furth	er information o	concerning this matter, ple	ase call:			>>	ာ
	Bill Davis	at (40	4 1 97	71-1235			
	Name of Person			Daytime Teleph	one Number		
N D C 2	TREET/COUI New Filing Secti Division of Corp Clifton Building 661 Executive (allahassee, FL	orations Center Circle		MATLING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations		
Enclosed	is a check for the	ne following amount:					
✓ \$70.	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	└ Certific	Filing Fee	

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. Bentley, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Bentley, Inc. of Jacksonville (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid 2. Wyoming 3. 45-3979202 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	
· · · · · · · · · · · · · · · · · · ·	
2. Wyoming 3. 45-3979202 (State or country under the law of which it is incorporated) (FEI number, if applicable)	da)
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 02-02-2012 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual	''')
6 02-15-2012	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 109 E. 17TH Street Suite 4153 Cheyenne, WY 82001	
(Principal office address)	
109 E. 17TH Street Suite 4153 Cheyenne, WY 82001	<u>.</u>
(Current mailing address)	FEB FI
8 To conduct Business in Florida	E IOI E
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	골
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	10 R 4:
Name: InCorp Services, Inc	8
Office Address: 17888 67TH Court North	
Loxahatchee , Florida 33470 (City) (Zip code)	
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capture agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	pacity. I
(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: __ Address: _ Vice Chairman: Address: __ Director: _ Address: __ Director: _ Address: __ B. OFFICERS President: __ Address: Vice President: ____ Secretary: Bob Morris Address: 17888 67th Court North Loxahatchee, FL 33470 Treasurer: ___ Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Bob Morris- Secretary

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Bentley, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **February 2, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000616150**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of February, 2012 at 1:36 PM. This certificate is assigned 011582521.



May Massielo
Secretary of State

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SECRETARY OF STATE
SECRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.