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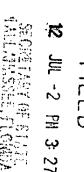
(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
Special instructions to	r imig Officer.	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	<i>*</i>
SUBJECT: The Transfer	Group FAC
Name of corpor	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m	natter to the following:
MARK A. BOSWELL	,
Nam	e of Person
This Toute Gou	Company
. 11112	Company
10310 Boxthon	J. C.A.
	Address
WICHATA 65	6724
City/St	ate and Zip code
m los war os	yahor can
E-mail address: (to be a	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
MANUA Boswon at (3) Name of Person	(6, 737-92L3
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\text{Certificate of Status}	\$78.75 Filing Fee & Sertified 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. (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: MANICA. Doswore	FILED
Chairman: MANICA. Boswore Address: 1.03,4 Box How Ct. William, Ks 67212	12 111 -2 0
Wice Chairman:	SECRETARY OF SHAPE
Vice Chairman:	THU ANSSEL PLONE
Address:	*
Di dan	
Director:	
Address:	
	<u> </u>
Director:	
Address:	<u></u>
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may arach an addendum to the application listing additiona	l officers and/or directors.
13. Mulet rull Ver	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) a	ffirms that the facts stated herein
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 MANK A. Bosulse President	
(Typed or printed name and capacity of person signing applica	ation)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

FILED

12 JUL -2 PH 3: 27

SECRETARY OF STATE

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4093928

Entity Name: THE TRAYTE GROUP, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: MARY J. BOSWELL

Registered Office: 10314 BOXTHORN, WICHITA, KS 67226

was filed in this office on July 12, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 20, 2012

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 500614 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.