

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doo	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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COVER LETTER

	w Filing Sec					
	NULL	el City Res	sources	: Ir	nc.	
SUBJECT	r: Tuoite	···			- must include suffix	
Dear Sir or	Madam:					
"Certificate	of Existenc		e of Good S	Stand	Authorization to Transac ling" and check are sub s in Florida.	
Please retui	rn all corresp	ondence concer	ning this ma	itter 1	to the following:	
Cory F	<mark>≀. Mag</mark> n	iuson, Esc	ı Leg	gal	Department	
		<u> </u>	Name			
Nickel	City Re	esources,	inc.			
			Firm/C	omp	pany	· · · · · · · · · · · · · · · · · · ·
696 Sc	outh Og	den Stree	t			
			Ad	ldres	SS	
Buffalo	o, NY 14	4206				
			City/Stat	e and	d Zip code	
jeffrey-	reznicki(@cms-colle	ect.com			
		E-mail addres	ss: (to be use	ed fo	or future annual report n	otification)
For further	information	concerning this	matter, pleas	se ca	dł:	
Cory F	R. Magn	uson	₃₁ ,716		566-2667	
	ime of Perso				ode & Daytime Telepho	one Number
Ne Div Cli 266	w Filing Sec vision of Cor fton Buildin	porations g Center Circle	SS:		MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is	a check for	the following an	nount:			
570.00	Filing Fee	S78.75 Fili Certificate		=	\$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

* 1	ry Resources, Inc. 등을 📜	. 1
"Inc.," "Co.," "Co	prporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	
(If name unavailab	ble in Florida, enter alternate corporate name adopted for the purpose of transacting busines lorida	*******
_{2.} New York		
(State or country u	inder the law of which it is incorporated) (FEI number, if applicable)	
4. 05/09/201	5. Perpetual	
(Date o	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
_{6.} Upon regi	istration	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
606 South	Ogden Street Burnello, NV 14276	
7. <u>090 30uu1</u>	(Principal office address)	
696 South	Ogden Street Burge 10 NV 14206	
	(Current mailing address)	
。Debt Colle	ection	
o		
o	of corporation authorized in home state or country to be carried out in state of Florida)	
(Purpose(s)		
(Purpose(s) 9. Name and street	of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street Name:	of corporation authorized in home state or country to be carried out in state of Florida) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company	
9. Name and street Name:	of corporation authorized in home state or country to be carried out in state of Florida) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street	
9. Name and street Name:	of corporation authorized in home state or country to be carried out in state of Florida) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida 32301	
9. Name and street Name:	of corporation authorized in home state or country to be carried out in state of Florida) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee	
(Purpose(s) 9. Name and street Name: Office Address: 10. Registered age Having been name designated in this of further agree to co	cof corporation authorized in home state or country to be carried out in state of Florida) t address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (Zip code)	city. I

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: ____ Vice Chairman: Director: Jeffrey A. Hauser Address: 696 South Ogden Street Buffalo, NY 14206 Director: Paul R. Hunziker, Jr. Address: 696 South Ogden Street Buffalo, NY 14206 **B. OFFICERS** President: Larry Costa Address: 696 South Ogden Street Buffalo, NY 14206 Vice President: Secretary: Cory R. Magnuson Address: 696 South Ogden Street, Buffalo, NY 14206 Treasurer: Jeffrey Reznicki 696 South Ogden Street, Buffalo, NY 14206 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

14. Jeffrey A. Hauser - Director

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.15%, F.S.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NICKEL CITY RESOURCES, INC. was filed on 05/09/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



14 JUN 24 PM 2: 16
SCORETARY OF STATE
FALLAHASSEE, FLORING

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of June two thousand and fourteen.

Francisco Davido Santa and Santa

Executive Deputy Secretary of State