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Office Use Only



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SECRETARY OF STATE
AND ANASSEE FLORID

COVER LETTER

TO: New Filing Son Division of C			
SUBJECT: Gro	up Publishing,	Inc.	
		tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation nce," or "Certificate of Good Sign corporation to transact but	Standing" and check are sul	
Please return all corre Kurt Flock	spondence concerning this ma	atter to the following:	
		of Person	
Group Pub	lishing, Inc.		
1515 Cooo		Company	
1515 Casc	ade Avenue	11	
Loveland, (ddress	
	<u></u>	te and Zip code	
accounting@	grouppublishing	J.COM ed for future annual report	natification
For further information	n concerning this matter, plea	•	notineation)
	n concerning this matter, pica	se carr.	
Kurt Flock	at (970) ₁ 669-3836	
Name of Pers		ea Code & Daytime Teleph	one Number
New Filing Se Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	r the following amount:		
■ \$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.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Colorado	3.	84-0749520
State or country t	under the law of which it is incorporated)	(FEI number, if applicable)
12/21/19)77	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
07/01/20)14	
		n Florida, if prior to registration)
1515 Cas	· ·	502, F.S., to determine penalty liability)
1010 Cas	scade Avenue, Lovelan	
cama ac		ress)
Sairie as	principal address (Current mailing add)	
	(Outlon maning add	(Vasi)
Sales of	various Christian books	s, magazines, curriculum, etc.
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
Name and street	t address of Florida registered agent: (P.C	D. Box NOT acceptable)
	InCorp Services, Inc.	.
Name:		th 33470
fice Address:	17888 67th Court North	
		22470
	Loxahatchee	
	Loxahatchee (City)	
Registered ag	(City)	
	(City)	
ving been name signated in this	(City) gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints	(Zip code) ice of process for the above stated corporation at the planent as registered agent and agree to act in this capacit
wing been name signated in this ther agreet to co	(City) gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	(Zip code) ice of process for the above stated corporation at the pla ment as registered agent and agree to act in this capacit relative to the proper and complete performance of my
iving been name signated in this rther agreet to co	(City) gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints	(Zip code) ice of process for the above stated corporation at the pla ment as registered agent and agree to act in this capacit relative to the proper and complete performance of my
iving been name signated in this rther agreet to co	(City) gent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	(Zip code) ice of process for the above stated corporation at the pla ment as registered agent and agree to act in this capacit relative to the proper and complete performance of my

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: Address: __ Director: Address: ___ Director: B. OFFICERS President: Thom Schultz Address: 1515 Cascade Avenue Loveland, CO 80538 sident: Jeff Loop Address: 1515 Cascade Avenue Loveland, CO 80538 Secretary: _ Address: __ 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.

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Group Publishing, Inc.

is a **Corporation** formed or registered on 12/21/1977 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871337956.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/09/2014 that have been posted, and by documents delivered to this office electronically through 06/10/2014 @ 15:23:21.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/10/2014 @ 15:23:21 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8872731.



SECRETARY OF STATE

Secretary of State of the State of Colorado

***************End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.mate.co.us/click Business Center and select 'Frequently Asked Questions."