F1500003077

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

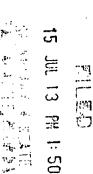
Office Use Only

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7/15/15

COVER LETTER

TO: New Filing Sect Division of Corp				
SUBJECT:	sportals Inc			
SUBJECT:		on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation fo ," or "Certificate of Good St a corporation to transact busi	anding" and check are sub		
Please return all correspo	ondence concerning this mat	ter to the following:		
	olan Gray			
	ohn Gray Name o	of Person		
Ps	sfortals, Inc	J		
9	900 W Sainp	de Rd. Suite	> 402	
	Add	dress		
	oral Springs	FL 33065 and Zip code		
t	•	,		
	Jrue psporta JE-mail address (to be used	IS, COM I for future annual report n	otification)	y ryth t Surribids t
For further information of	concerning this matter, please	e call:		
Sharon II Name of Person	weneboaha (957 Area	+ 739-435 Code & Daytime Telepho	3 one Number	15 JUL -
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	rporations	3 PH 1: 50
Enclosed is a check for the	ne following amount:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of	of Status &



June 22, 2015

JOHN GRAY 9900 W SAMPLE ROAD SUITE 402 CORAL SPRINGS, FL 33065

SUBJECT: PSPORTALS, INC Ref. Number: W15000038883

We have received your document for PSPORTALS, INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 715A00013078

Claretha Golden Regulatory Specialist II New Filing Section

15 JUL 13 PH 1: 5



RECEIVED

15 JUN 15 PM 2: 20

FLORIDA DEPARTMENT OF STATESECIVE PARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

June 3, 2015

JOHN GRAY 9900 W SAMPLE ROAD SUITE 402 CORAL SPRINGS, FL 33065

SUBJECT: PSPORTALS, INC Ref. Number: W15000038883

We have received your document for PSPORTALS, INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

4973

Letter Number: 415A00011680

15 JUL 13 PM 1: 50

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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Sample Rd. Ste 402, Coral Springs, Fl comple Rd. Ste. 402, Coral Springs
(Current mailing address) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Office Address: 9. 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

= van

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

10. 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.

11. Names and business addresses of officers and/or directors:	FILED				
A. DIRECTORS	15	JUL	13	PU	1: 51
Chairman:					
Address:	ja .		<u> </u>	. 1	14 1 E*
Vice Chairman:					
Address:					
Director:					
Address:			<u>.</u>		
Director:					
Address:	and the second delice.	halmar da van vannandar f halv		***************************************	
President: John Gray Address: 9900 W Sample Rd., Ste 402 Coral Springs, FL 33065 Vice President: Address:					
Secretary:					
Address:	***		· · · - · · -		
Treasurer:					
Address:					
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/c	r dire	ctors		
12. Signature of Oirector or Officer					
The officer or director signing this document (and who is listed in number 12 above) affirms to are true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155, F.S.	nat the	iacts s	stated	nere	ein
13. JOHN GRAY - RESIDENT (Typed or printed name and capacity of person signing application)					

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PSPORTALS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSPORTALS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2001.

13 24 1:50

3384507 8300

151029942

AUTHENTICATION: 2540902

DATE: 07-09-15

You may verify this certificate online at corp.delaware.gov/authver.shtml