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SECRETARY OF STATE
DIVISION OF CORPORATION

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2015

PHYLLIS GRAY 5375 WATER VALLEY DR. TALLAHASSEE, FL. 32303

SUBJECT: HOUSE RESCUERS, INC

Ref. Number: W15000032752

We have received your document for HOUSE RESCUERS, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 315A00009658

### **COVER LETTER**

TO: Registration Section Division of Corporations	
	Cuers, Inc.  n-must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Phyllis Gray - Se Name of House Reseveres Firm/Con	Inc.
5375 Water Vall	es Drive
Tallahassee, FI.	32303 and Zip code
$\cdot$ $\circ$ $\circ$ $\circ$	for future annual report notification)
For further information concerning this matter, please	call:
Phyllis Gray at (850) Name of Person Area Cod	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee, Certified Copy  Service Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter hame of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Ine.," "Co.," "Corp." "Ine.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2.	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.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2.	1. House Rescuers, Inc	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Nevada 3. 47 - 3913573 (State or country under the law of which it is incorporated)  4. Hoghts (Date of interporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Date of Under Valley Drive Tallahassee Th. 32303  (Principal office address)  (Current mailing address, if different)  Name:  Raymord T. Gray TR.  Office Address:  Date Valley Drive Tallahassee Th. 32303  (City)  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	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
2. Nevada (State or country under the law of which it is incorporated)  4. HO3115 (Date of interporation)  (Date of interporation)  (Date of interporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Date of interporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Principal office address)  See about (Principal office address)  See		
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(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)  (FEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Current mailing address, if different)  (Cur	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
4. HO3 15 (Date of incorporation)  (Date of duration, if other than perpetual)  6. NA  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ray mond  Talla lassee  (City)  7. Florida  (City)  7. Florida	2. <u>Nevada</u> 3. <u>47-3913573</u>	
(Date of interporation)  (Date of duration, if other than perpetual)  6. NA  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 5375  (Principal office address)  See about (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Ray mond J. Gray JR.  Office Address: 5375  (City)  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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Nam	See above	
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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.	further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
$\mathcal{A}$	duties, and I am familiar with and accept the obligations of my position as registered agent.	
The state of the s	Jan Dan -	
(Registered agent's signature)	(Registered agent's signature)	

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: A. DIRECTORS Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** Address: Vice President Address: 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 11 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)

SECRETARY OF STATE



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DIVISION OF CORPORATIONS

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, HOUSE RESCUERS, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 3, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 23, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150423-2253
You may verify this electronic certificate
online at http://www.nvsos.gov/