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JAN -5 2016 N. CAUSSEAUX

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: <u>hnovative Consuvation</u> mc. Name of corporation - must include suffix
Dear Si	ir or Madam:
"Certifi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following: Mr Michael Cartwright Name of Person
	Innovative Consumation forc.
_17	Firm/Company 440 IH 35 North Str430 # 304 Address
	Schutz Texas 78154
	City/State and Zip code Meatwight movative conservation. com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Mr	Michael Cartwright (210) 3941285 Name of Person Area Code Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclose	ed is a check for the following amount:
□ \$70	.00 Filing Fee \$\square\Lambda \square \text{\$78.75}\$ Filing Fee & \$\square \text{\$78.75}\$ Filing Fee & \$\square \text{\$87.50}\$ Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of co	movative Comporation to Transact Business in the STATE OF FLORIDA. Movative Computation June. orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	
	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
	<u>3. 27-3323948</u>	
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)	
(Date	27 2010 5. (Date of duration, if other than perpetual)	
17440	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 111 35 North Ste 430 # 304 Schutz 1X 78159	+
_	(Principal office address) Schertz	
····	(Current mailing address, if different)	
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	÷ - 1
Name:	Dustin laughlin	7
fice Address:	3405 Ruth Hentz but F	3
	(City), Florida 32405 (Zip code)	25 25
	ent's acceptance: The das registered agent and to accept service of process for the above stated corporation at the p) 7 nlace
signated in this ther agree to c	s application, I hereby accept the appointment as registered agent and agree to act in this cupal comply with the provisions of all statutes relative to the proper and complete performance of m familiar with and accept the obligations of my position as registered agent.	city. I
	/ with holds le	
(-	(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.

 Names and business addresses of officers and/or director 	ctors:
--	--------

A. DIRE	CTORS
Chairman:	
Address: _	To the second
Vice Chair	man:
	Tolk 23
_	
Director:	
Address: _	
Address: _	
B. OFFICE President: Address:	Dustin Loughlin 2405 Ruth Hentz Snit F Panama City Fl 32405
Address: _	3112 Chaparral Cone
Secretary: Address:	mile Cartwright 17440 IH35 N Str 430 #304 Schutz 77 78154
Treasurer:	
Address: _	
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
are true ar	Signature of Director or/Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13	Secretary Michael Cartwright
	(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 'Austin, Texas 78711-3697



Office of the Secretary of State

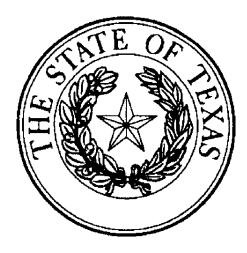
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Innovative Conservation Inc. (file number 801311065), a Domestic For-Profit Corporation, was filed in this office on August 27, 2010.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 25, 2015.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555

709 Dial: 7-1-1 for Relay Services