F1600000191

(Re	questor's Name)					
(Address)						
(Address)						
(riu	u1033)					
(Cit	y/State/Zip/Phone	e #)				
	—	—				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
(50	cument rumber,					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer					
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SEC STATE OF STATE OF STATE

J. HARRIS

COVER LETTER

Div	istration Section of Corp	orations	4		
SUBJECT	PROJE	ET RESOURCES	GROUP INC	,	
SCHULCI			ion - must include suffix		
Dear Sir or	Madam:				
"Certificate	of Existence		for Authorization to Transac Standing" and check are sub- siness in Florida.		
	n all correspo	ondence concerning this ma	tter to the following:		
1 pr 1 C		Name	of Person		
POOTE	or RE	Sources GRO	14 TAC.		
1,600,6	<u>.er /cc</u>	Firm/C	Company		
5340	S. Qu	EBEC ST #	£250 S		
		VILLAGE, CC City/Sta	ldress		
<u> </u>		City/Sta	te and Zip code		
Kmeau	LXC D	raconsulting.	net ed for future annual report r		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		H-mail address: (to be us	ed for future annual report r	otification)	
		concerning this matter, plea			
KATE Na	MEAUX me of Person	at (<u>-30</u>	3 858 - 857 Code Daytime Telepl		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	a check for t	he following amount:			
\$70.00 F	iling 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

	WITH SECTION 607.1503, FREIGN CORPORATION TO T				
PROTECT	- RESOURCES	1			
	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")			N,"	
PRG CA			16 4		
<i>^</i>	ble in Florida, enter alternate cor		84-1576547	ig business in Florida)	
2. COLORADO (State or country under the law of which it is incor					
		•	· · · · · · · · · · · · · · · · · · ·	,	
4. <u>62/08/2001</u> 5. (Date of incorporation) (Date of			(Date of duration, if other	than perpetual)	
6.					
			ida, if prior to registration) .S., to determine penalty liabil	ity)	
7. 5340 S	QUEBEC ST	#2508	GREENWOOD 1	ILLAGE CO 80111	
		(Principal off			
	(C	Current mailing add	ress, if different)		
8. Name and street	t address of Florida registered	agent: (P.O. Bo	x <u>NOT</u> acceptable)	Both the same	
Name:	NORTHWEST REGISTER	ED AGENT LLC			
Office Address:	3030 N. Rocky Point D	rive, STE 150A			
	TAMPA		, Florida _ 33607		
	(City)		(Zip code)	္ကန္း ယ္ 📆	
9. Registered age	nt's acceptance:			52 203	
Having been name designated in this (further agree to co	ed as registered agent and to a application, I hereby accept to emply with the provisions of a smiliar with and accept the ol	he appointment (all statutes relativ	as registered agent and agr e to the proper and compl	ree to act in this capacity. I ete performance of my	
	1 (1				
/	10-Ch	Tom Glover/N	Manager/Northwest Re	gistered Agent LLC	
		(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 #2505 ILLAGE, 80111 DIRECTOR #250S Director: DueBEC ST (D 8011) **B. OFFICERS** Address: _ REENWOOD Vice President: Address: _ Secretary: Address: Treasurer: Address: 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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

PROJECT RESOURCES GROUP, INC.

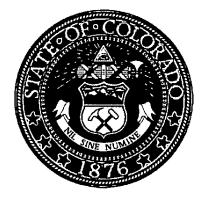
is a

Corporation

formed or registered on 02/08/2001 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 20011028752.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/06/2016 that have been posted, and by documents delivered to this office electronically through 04/07/2016 @ 15:31:27.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/07/2016 @ 15:31:27 in accordance with applicable law. This certificate is assigned Confirmation Number 9590818



Tayran. To come

Secretary of State of the State of Colorado

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 Validate a Certificate 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.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."