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Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Se Division of Con				: :	
SUBJECT:	JRC	SPOTTE	D D06	INC	
:	Name	of corporation - mus	st include suffix		
Dear Sir or Madam:		; ·		:	
The enclosed "Applicat" (Certificate of Existence above referenced foreign	e," or "Certificat	te of Good Standing"	and check are su		
Please return all corresp	ondence conceri	ning this matter to the	e following:		
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For further information	concerning this	matter, please call:			
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STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle	SS:	MAILING A Registration of O Division of O P.O. Box 632 Tallahassee,	Section Corporations	
Enclosed is a check for	the following an	nount:		•	
\$70.00 Filing Fee	□ \$78.75 Filir Certificate		75 Filing Fee & ified Copy	S87.50 Fili	e of Status &

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) (State or country under the law of which it is incorporated)

3. $\frac{206-00709429}{(FEI number, if applicable)}$ 20/6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 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 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.

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 Chairman: __ Address: Vice Chairman: Address: Director: Address: __ Director: Address: ___ **B. OFFICERS** President: Vice President: Address: _ Ü DE LE Secretary: ____ J Address: ___ Treasurer: ___ Address: NOTE: If necessary, you may attachan 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. JAMES RANDALL

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

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JRC Spotted Dog Inc

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **March 18, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000709429**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of April, 2016 at 3:27 PM. This certificate is assigned 019926833.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.