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FOREIGN PROFIT/NONPROFIT CORPORATION Jurassic Quest, Inc.

Certificate of Status	0
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Page Count	05
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		COVER I	LETTER	•
	ration Section on of Corporations			
SUBJECT:	Jurassic Quest, Inc.			
bookber	Name	of corporatio	n - must include suffix	
Dear Sir or Mad	dam:			·
"Certificate of I	Application by Foreign Co Existence," or "Certificate ed foreign corporation to tr	of Good Sta	inding" and check are s	nsact Business in Florida," submitted to register the
Please return al	l correspondence concerni	ng this matte	er to the following:	
Dana Burns				
		Name of	Person	
Jurassic Quest, I	nc.			
		Firm/Co	npany	
6046 FM 2920 R	ld, #516			
	,	Add	ress	
Spring, TX 7737	9			
		City/State	and Zip code	
accounting@jura	inoo,teeupoia			
	E-mail address	: (to be used	for future annual repo	rt notification)
For further info	mation concerning this m	atter, pleasc	call:	
Joy Schroeder		713 at (332-3793	
Name	of Person	Area Co	de Daytime Tel	ephone Number
Registra Division Clifton 2661 Ex Tallaha	ET/COURIER ADDRESS ation Section of Corporations Building secutive Center Circle ssee, FL 32301 eck for the following amo		Registration	Corporations
570.00 Filing	•	Fee &	3 \$78.75 Filing Fee & Certified Copy	\$87.50 Fiting Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

f	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacti	ng business in Florida)
Texas	3.	16-2710131	
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
04/30/2013		Perpetual	
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
Upon filing			
	(Date first transacted business in		lin A
6046 FM 2020 R	(SEE SECTIONS 607.1501 & 607.150 d, #516, Spring, TX 77379	2, r.s., to determine penalty habi	my)
5040 I IVI 2920 K		l office address)	
	(1 timely	1 01/100 433 (004)	
Name and stree		address, if different) Box NOT acceptable)	And the second
Name and stree	(Current mailing that address of Florida registered agent: (P.O. NRAI Services, Inc.		
	et address of Florida registered agent: (P.O.		3-10 TO 10 T
Name:	et address of Florida registered agent: (P.O. NRAI Services, Inc.	Box NOT acceptable)	15 and 22 and 31
Name:	NRAI Services, Inc. 1200 South Pine Island Road		15 779 22 84 8: 36 779 22 84 8:
Name: Tice Address:	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City)	Box NOT acceptable) , Florida 33324	15 ATP 22 AN S. 51 NATIONAL STRUCTURES
Name: fice Address: Registered agrains been name	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: seed as registered agent and to accept services	Box NOT acceptable) , Florida 33324 (Zip code) re of process for the above state	100 Per 100 Pe
Name: fice Address: Registered againg been names in this	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: led us registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) , Florida 33324 (Zip code) te of process for the above statent as registered agent and ag	ted corporation at the playere to act in this capacit
Name: fice Address: Registered againg been names ignated in this other agree to c	NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: seed as registered agent and to accept services	Box NOT acceptable) , Florida 33324 (Zip code) re of process for the above statent as registered agent and aghative to the proper and comp	ted corporation at the planet to act in this capacities 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.

4/22/2016 10:10:18 AM From: To: 8506176383(4/5) 11. Names and business addresses of officers and/or directors: A. DIRECTORS Daniel Arnold 6046 FM 2920 Rd. #516, Spring, TX 77379 Address: Vice Chairman: Address: Director: Address: __ Director: Address: _ B. OFFICERS Daniel Arnold President: 6046 FM 2920 Rd. #516, Spring, TX 77379 Address: =5 Vice President: . ¥ 7 Address: _ 五上 Leticia Amold Secretary: 6046 FM 2920 Rd. #516, Spring, TX 77379 Address: Treasurer: __ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

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.

Leticia Arnold, Secretary

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

4/22/2016 10:10:18 AM From: To: 8506176383(5/5)

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



Carlos H. Cascos Secretary of State

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 Jurassic Quest Inc. (file number 801775884), a Domestic For-Profit Corporation, was filed in this office on April 30, 2013.

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 April 21, 2016.



Carlos H. Cascos

Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 T1D: 10264

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