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(Business Entity Name)				
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ECT:	MylTResourc	e.net Inc.	
			n - must include suffix	
Dear Si	r or Madam:			
"Certifi	cate of Existenc	ion by Foreign Corporation foe," or "Certificate of Good Standard to transact busing	inding" and check are submi-	
Please r	eturn all corresp	ondence concerning this matte	er to the following:	
		Jayna Ha	ampton	
N 6 91	pe (, , o. 1) 1	Name of	f.Person ·	es es contra
, 'sa' (-	das vieberio ser	Swyft Filir	ngs, LLC	
	<u> </u>	Firm/Co	mpany	
	en grafikkere. Historia	12605 East Freewa	y Suite 509	,
		Add	ress :	
	•	Houston, Te	xas 77015	
		City/State	and Zip code	
		filings@swyftfil	ings.com	
		E-mail address: (to be used	for future annual report noti	fication)
For furt	her information	concerning this matter, please	call:	
Jayr	na Hampton	at (<u>877</u>	777 - 0450	
	Name of Person		de Daytime Telephor	ie Number
		·		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Sect Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	d is a check for	the following amount:		
☑ \$70.	00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ Certified Copy	\$87.50 Filing Fee, Certificate of Status of

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.

1.					
	(Enter name of corporation; must include "INCORPORATED," "Co" "Corp," "Co.," "Corp," "Co," or "Corp.")	OMPANY," "CORPORATION,"			
	(If name unavailable in Florida, enter alternate corporate name adop	stad for the purpose of truncacting business in Florida			
_	Dolowora	04.4400400			
2.	(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
4.	11/14/2016				
٦,	(Date of incorporation)	(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,				
7	35246 US HWY 19N # 138, Palm Harl				
٠٠,	(Principal office address)				
	(Current mailing ac	ldress, if different)			
8.	Name and street address of Florida registered agent: (P.O. B	ox NOT acceptable)			
	Name: Chais Holdridge	0EC 2			
Ο:	Tice Address: 352 46 VS Hwg 19 N .	# 138 E			
	Palm Harsor	, Florida 34684			
	(City)	(Zip code)			

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.

(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 Chairman: _ Address: Director: Chris Holdridge 35246 US HWY 19N # 138, Palm Harbor, FL 34684 Address: Director: **B. OFFICERS** President: Chris Holdridge Address: 35246 US HWY 19N # 138, Palm Harbor, FL 34684 Vice President: Chris Holdridge Address: 35246 US HWY 19N # 138, Palm Harbor, FL 34684 Secretary: Chris Holdridge Address: 35246 US HWY 19N # 138, Palm Harbor, FL 34684 Treasurer: Chris Holdridge Address: 35246 US HWY 19N # 138, Palm Harbor, FL 34684 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. Chris Holdridge - President

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MYITRESOURCE.NET INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2016.

16 DEC 20 PM 4: 29

Authentication: 203455482

Date: 12-06-16

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