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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

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COVER LETTER

TO: Registration Section					
Division of Corpora The Rainmak	tions er Group Holdings, Inc.				
SUBJECT:					
	Name of corporati	ion -	must include suffix		
Dear Sir or Madam:					
The enclosed "Application be "Certificate of Existence," o above referenced foreign cor	r "Certificate of Good S	tand	ling" and check are sub-		
Please return all corresponde Keith Nauman	ence concerning this ma	tter	to the following:		
	Name	of P	erson		
Krevolin & Horst, LLC					
1201 West Peachtree Street	Firm/C , Suite 3250	omp	any		
All-14- O4 00000	Ad	ldres	S		
Atlanta, GA 30309					
tfarley@letitrain.com	City/State	e an	d Zip code		T FEB
Е	-mail address: (to be use	ed fo	or future annual report n	otification)	<u> </u>
For further information conc	erning this matter, pleas	se ca	dl:		عا
Keith Nauman	auman 404 835-9403 at ()		WIO: 1		
Name of Person	Area C		Daytime Telepl	hone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle 101		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a check for the f	ollowing amount:				
☑ \$70.00 Filing Fee ☐	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	Sertificate of Sertified Copy	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. The Rainmaker Group Holdings, Inc. 1. (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) 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) November 6, 2007 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4550 North Point Parkway, Suite 400, Alpharetta, GA 30022 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address:

9. Registered agent's acceptance:

Plantation

(City)

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.

Patricia A. Boverie, Adat Secretary

(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. DIRE	ECTORS		
Chairman	:		
Address:			
Vice Chai	irman:		
Address:		v o	
Director:	Bruce Barfield		
Address:	4550 North Point Parkway, Suite 400		
	Alpharetta, GA 30022		
Director:	Tammy Farley		
Address:	4550 North Point Parkway, Suite 400		
	Alpharetta, GA 30022		LY.
B. OFF	Bruce Barfield	FEB 2	7.50
President	:	<u>2</u> 2	773
Address:	Alpharetta, GA 30022	0: 0:	
Vice Pres	Tammy Farley		Ċ
	4550 Northpoint Parkway, Suite 400, Alpharetta, GA 30022		
C	Tammy Farley		
Secretary	4550 Northpoint Parkway, Suite 400, Alpharetta, GA 30022		
Address: Treasurer	Tammy Farley //		
Address:	4550 North Point Parkway, Suite 400, Alpharetta, GA 30022		
NOTE: 12	If necessary, you may article an addengue to the application listing additional officers and/or directo	rs.	
are true a third d	Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that the facts state and that he or she is aware that false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. ice Barfield, President		

Control Number: 07091452

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of office that

THE RAINMAKER GROUP HOLDINGS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 14040875 : 11/06/2007 : Georgia : 02/14/2017 : 211



Brian P. Kemp Secretary of State