

F17000001417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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17 MAR 28 PM 3:28

MAR 29 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 28 AM 8:29

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corp-help@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/28/2017

PRIORITY Routine

OUR REF.# (Order ID#) 567380

ORDER ENTITY
CAUSE X, INC

PLEASE PERFORM THE FOLLOWING SERVICES:
CAUSE X, INC (FL)

File the attached foreign qualification document

NOTES:
Please have all annual report notifications sent to: loc@fst.life

RETURN/FORWARDING INSTRUCTIONS:
If you should have any questions, please contact me at 656-7956.

Best regards,

Client Services Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Cause X Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 81-3311488
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/20/2016 5. perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 412 N Main Street, Suite 100, Buffalo, WY 82834
(Principal office address)

8550 N 91st Avenue, Suite 23, Peoria, AZ 85345
(Current mailing address, if different)

8. Fundraising
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Incorporating Services Ltd.


Office Address: 1540 Glenway Dr.

Tallahassee, Florida 32301
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. 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)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Aspen Decker

Address: 10367 W Alvarado Rd.

Avondale, AZ 85392

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Aspen Decker

Address: 10367 W Alvarado Rd., Avondale, AZ 85392

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Aspen Decker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Aspen Decker
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
FALL AHA SECT. RECORDS

STATE OF WYOMING
Office of the Secretary of State

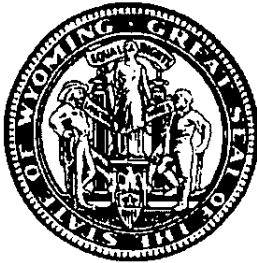
I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

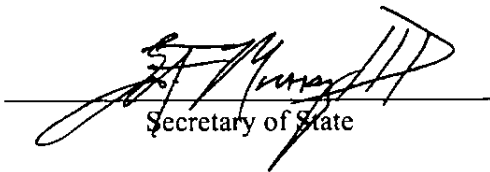
CAUSE X, INC
is a
Nonprofit Corporation

formed or qualified under the laws of Wyoming did on **July 20, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000720673**.

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 28th day of March, 2017 at 10:56 AM. This certificate is assigned 022618421.




Secretary of State

17 MAR 28 AM 8:20

SECRETARY OF STATE
FALL HASSELL FLORENCE

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.