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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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TO JUN-6 AN AN CONTRACTOR OF STATE

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COVER LETTER

_	tion Section of Corporations				
SUBJECT: CI	URRENCY ONE CA	APITAL CORPO	RATION		
			- must include suffix		
Dear Sir or Mada	am:				
"Certificate of E		cate of Good Stan	ding" and check are sul	nct Business in Florida," comitted to register the	
Please return all	correspondence conc	erning this matter	to the following:		
HORACE HARPE	ER				
		Name of	Person		
CURRENCY ON	E CAPITAL CORPO	RATION			
		Firm/Com	pany		
8487 BRAY RO	AD				
		Addre	ess		
MOUNT MORE	RIS, MICHIGAN 48	458			
		City/State a	nd Zip code		
CURRENCY1CA	APITAL@HOTMAIL.	СОМ			
	E-mail add	ress: (to be used f	or future annual report	notification)	
For further inform	nation concerning thi	is matter, please c	all:		
HORACE HARPER at (313		at (313	, 618-7195		
Name of Person		Area Code	Daytime Telephone Number		
Registrat Division Clifton B 2661 Exe Tallahass	T/COURIER ADDR ion Section of Corporations duilding ecutive Center Circle see, FL 32301 eck for the following a		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
□ \$70.00 Filing	Fee \$78.75 Fi	iling Fee & te of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.	CURRENCY O							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)				
2.	MICHIGAN	3.	51225D					
	(State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)				
4.	5-23-2005	5.	PERPETUAL					
	(Date	of incorporation)	(Date of duration, if other than	perpetual)				
6.								
	(Date first transacted business in Florida, if prior to registration)							
		(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
7,7208 W. SAND LAKE ROAD, SUITE 305, ORLANDO, FLORIDA 32819								
		(Princip	al office address)	AR JUN				
		(0, 11)	11 10 100	SSS				
(Current mailing address, if different)								
0	Nama and atrea	t addraga of Florida registered agent. (D.C	Dow NOT accompable)	F 51 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
0,	Name and stree	t address of Florida registered agent: (P.C	b. Box <u>NOT</u> acceptable)	RID.				
	Name:	Registered Agents Inc.		D W				
O	ffice Address:	3030 N. Rocky Point Dr. STE 150A						
		Tampa	, Florida <u>33607</u>					
		(City)	(Zip code)					
9.	Registered age	ent'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 Agents Inc.

Bill Havre - Assistant Secre

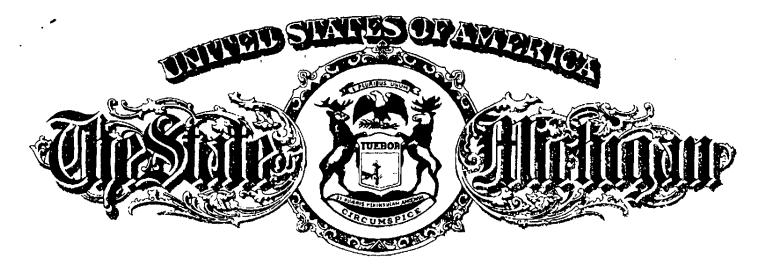
(Registered agent's signature)

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: HORACE HARPER Address: 7208 W. SAND LAKE ROAD SUITE 305, ORLANDO, FLORIDA 32819 Vice Chairman: Address: _ Address: Director: _ **B. OFFICERS** President: HORACE HARPER Address: 7208 W. SAND LAKE ROAD SUITE 305, ORLANDO, FLORIDA 32819 Vice President: Address: Secretary: HORACE HARPER Address: 7208 W. SAND LAKE ROAD, SUITE 305, ORLANDO, FLORIDA 32819 Treasurer: HORACE HARPER Address: 7208 W. SAND LAKE ROAD, SUITE 305, ORLANDO, FLORIDA 32819 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.

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

13. HORACE HARPER





This is to Certify That

CURRENCY ONE CAPITAL CORPORATION

was validly incorporated on May 23, 2005, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the faci that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of April, 2017.

ulia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau