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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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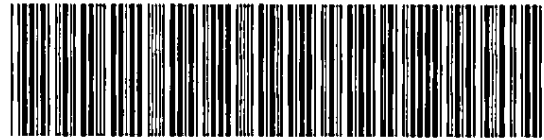
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 19 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1ST CALL GROUP INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEPHEN STIFFLER
Name of Person

1ST CALL GROUP INC
Firm/Company

870 STENERE WAY # 101-103
Address

SPARKS NU 89431
City/State and Zip code

SSTIFFLER@1STCALLGROUPINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN STIFFLER at (775) 499-5880 x 1004
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate 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. 1ST CALL GROUP INC.
(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)
Nevada
2. _____ 3. 81-0880397
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/21/17 5. _____
(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. 870 STENERI WAY # 101-103 SPARKS NV 89431
(Principal office address)
- 870 STENERI WAY # 101-103 SPARKS NV 89431
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: URS AGENTS, LLC
- Office Address: 3458 Lakeshore Dr.
- Tallahassee, Florida 32312
(City) (Zip code)

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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.

URS Agents, LLC

Amy Purdy, Assistant Secretary

By: Amy Purdy

(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: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: Jamce Stiffler

Address: 870 Steneri Way #101-103

SPARKS NU 89431

B. OFFICERS

President: Stephen Stiffler

Address: 870 Steneri Way #101-103

SPARKS NU 89431

Vice President: _____

Address: _____


Secretary: Stephen Stiffler

Address: 870 Steneri Way #101-103 SPARKS NU 89431

Treasurer: Malory Harvey

Address: 870 Steneri Way #101-103 SPARKS NU 89431

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

12. 

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.

13. Stephen Stiffler, President

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **1ST CALL GROUP INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 21, 2015, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 13, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Christine Rakow
Certificate Number: C20170612-0904
You may verify this certificate
online at <http://www.nvsos.gov/>