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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TWO ROADS RESOURCES 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:				
John E. Long Name of Person				
Two Roads Resources Inc.				
Firm/Company				
4103 herle 5t.				
Tacksonville, FL 32205 City/State and Zip code				
Jacksonville, FL 32205 City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John E. Long 31, 404, 277-0776				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee				

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.

۰ ۱.	Two Roads Resources Inc.				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine," "Co.," or "Corp,")				
	Then Con Corp. the Co. or Corp. 1				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	Georgia 3 20-3235035 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	7-8-2005				
	(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. 1912 Hamilton Street Suite 202; Jacksonvill FL					
4703 Kerle St.; Jacksonville, FL 32205 32210					
(Current mailing address, if different)					
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
Name: John E. Long					
_	Hans Kinda Et				
O	flice Address: 4103 Aerle St.				
Jacksonville Florida 32205					
	(City) (Zip code)				
9.	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:	DIVISION OF TARY OF STATE 18 JAN -5 PM 2
A. DIRECTORS	18 JAN -5 PM 3:56
Chairman:	3:5E
Address:	
Vice Chairman:	
Address:	n
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: John E. Long Address: 4713 Kerle St. Jacksonville FL 32205	<u> </u>
Address: 4183 5818 St. 2006	
·	
Vice President:	
Address:	
Secretary: John E. Long	
Address: 4703 Kerle St.; Jacksonville	FL 32205
Treasurer: John E. Lona	
Address: 4703 Kerte St.; Jacksonville	FL 32205
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
12 Mr E honor Bresident	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	
13. John E. Long, Resident (Typed or printed name and capacity of person signing)	application)

Control Number: 0547704

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 my office that

TWO ROADS RESOURCES, 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 | 14976030 Date Inc/Auth/Filed | 07/08/2005 Jurnsdiction | Georgia Print Date | 12/05/2017 Form Number | 211



Brian P. Kemp Secretary of State