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COVER LETTER

TO: Registration S Division of Co					
	•				
SUBJECT: John	A. Martin & Associa			· · · · · · · · · · · · · · · · · · ·	
	Name of co	rporation	- must inc	lude suffix	
Dear Sir or Madam:					
"Certificate of Existen	ation by Foreign Corporce," or "Certificate of C gn corporation to transa	Good Star	iding" and	check are sul	net Business in Florida," Omitted to register the
Please return all corre	spondence concerning t	his matte	to the fol	lowing:	
Steve W. Schiller					
		Name of	Person		
John A. Martin & Ass	ociates of Nevada				
	Ĭ.	irm/Com	pany		
4560 S. Decatur Bl	vd., Suite 200				
		Addre	ess		**************************************
Las Vegas, NV 89	103				
	Ci	ty/State a	nd Zip cod	le	
sschiller@johnmart	innevada.com				
	E-mail address: (to	be used	or future a	innual report	notification)
For further information	n concerning this matter	r, please o	all:		
Steve Schiller	at (_	702	248-	7000	
Name of Pers	on	Area Cod	e E	aytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Sta	e& □	\$78.75 F Certified	iling Fee & Copy	☐ \$87.50 Filing Fee, Certificate of 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.

(Enter name of co	n & Associates of Nevada, Inc. prporation; must include "INCORPORATED," porp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
		adopted for the purpose of transacting business in Florida)		
2. Nevada (State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
	•	• • • •		
4. December 23, 1983 5. (Date of incorporation)		(Date of duration, if other than perpetual)		
6.	·	• • •		
		502, F.S., to determine penalty liability)		
7. 4560 S. Decat	ur Blvd., Suite 200, Las Vegas, NV 89	al office address)		
	(Trincip	an office addressy		
	(Current mailir	g address, if different)		
8. Name and stree	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc.			
Office Address:	3030 N. Rocky Point Dr. STE 150A			
	Tampa	, Florida <u>33607</u>		
	(City)	(Zip code)		
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints	ice of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my f my position as registered agent.		

(Registered agent's signature)

Bill Havre

Registered Agents Inc.

- Assistant Secretary

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: N/A Vice Chairman: N/A Address: ____ Director: John A. Martin, Jr. Address: 4560 S. Decatur Blvd., Suite 200 Las Vegas, NV 89103 Director: Steve W. Schiller Address: 4560 S. Decatur Blvd., Suite 200 Las Vegas, NV 89103 **B. OFFICERS** President: Steve W. Schiller Address: 4560 S. Decatur Blvd., Suite 200 Las Vegas, NV 89103 Vice President: Greg L. Clapp Address: 4560 S. Decatur Blvd., Suite 200 Las Vegas, NV 89103 Secretary: Greg L. Clapp Address: 4560 S. Decatur Blvd., Suite 200, Las Vegas, NV 89103 Treasurer: John A. Martin, Jr. Address: 4560 Ş. Decatur Blvd., Suite 200, Las Vegas, NV 89103 NOTE: Le regess 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. 13. Steve W. Schiller - President

ADDENDUM

Section A. Directors

Director:

Greg L. Clapp

Address:

4560 S. Decatur Blvd., Suite 200

Las Vegas, NV 89103

Director:

Pete Padilla

Address:

4560 S. Decatur Blvd., Suite 200

Las Vegas, NV 89103

Director:

Tammy Carter

Address:

4560 S. Decatur Blvd., Suite 200

Las Vegas, NV 89103

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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, **JOHN A. MARTIN & ASSOCIATES OF NEVADA**, **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 23, 1983, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 21, 2018.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180321-0502