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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	Nelbud S	ervices Group, Inc.				
0020		Name of corpora	ition - m	ust include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existenc	ion by Foreign Corporation e," or "Certificate of Good in corporation to transact but	Standing	g" and check are sub		
Please Blair S	·	oondence concerning this m	atter to	the following:		
		Name	e of Pers	on	-	
Nelbud	d Services Group, I	nc.				
51 Ko	weba Lane	Firm/0	Compan	у		
	_	A	ddress			
Indian	apolis, IN 46201					
-		City/Sta	ate and Z	Cip code		
Blair@	gteam360.com					
		E-mail address: (to be us	sed for f	uture annual report	notification)	
For fu	rther information	concerning this matter, plea	ase call:			
Blair S	Smith	371		340-8553		
	Name of Perso	n Area		Daytime 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		
	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & ertified 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.

Nelbud Services	Group, Inc.				
(Enter name of co	rporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate name adop		siness in Flori	ida)	
New Jersey 2.		2758781 			
	(State or country under the law of which it is incorporated) (FEI number, if app 09/25/1986				
(Date 06/01/2018	(Date of duration, if other than	perpetual)			
51 Koweba Lane,	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Indianapolis, IN 46201		, 6	 	
),	p.,	JJL -5			
		F.			
3. Name and stree	t address of Florida registered agent: (P.O. B	ox NOT acceptable)	: .	アール	
Name:	_	<i>p</i> a' >	Œ		
Office Address:	1201 Hays Street	_			
	Tallahassec	32301 . Florida			
	(City)	_ ,			

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.

Corporation Service Company

By: Holly Jones

Assistant Vice President

(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: ______ Vice Chairman: ______ Address: Director: Address: Director: Address: **B. OFFICERS** Michael Crafton President: _ 51 Koweba Lane, Indianapolis, IN 46201 Address: Vice President: Address: Secretary: Address: Treasurer: _____ 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)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

NELBUD SERVICES GROUP, INC.

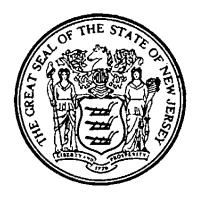
0100312166

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 25, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNISEARCH, INC. 14 SCENIC DRIVE DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 31st day of May, 2018

Elizabeth Maher Muoio State Treasurer

dur of New

Certificate Number: 6088696773

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$