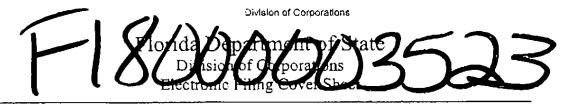
8/1/2018



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## FOREIGN PROFIT/NONPROFIT CORPORATION CBI CONSULTING, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

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## 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. COI Consulting, Dre
(Enter name of corporation; DWS include "INCORPORATION," "CORPORATION," "Corp." "Corp." "Inc.," "Corp." "Inc.," "Corp." "Inc.," "Corp." "Inc.," "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2 Ort am 3. 93-1135760
4. 3-23-94 5. Perpetual
6 upon qualification
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 507.1501 & 607.1502, F.S., to determine penalty liability)
7. Duestridge Drive Lalu Dswego OR 9703
(Current malling address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Tracey Sapp
Office Address: 4265/NE 1407PI
(City) Florida 32 UT (Zip code)
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 ancept 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.
Willes Dags
(Rogisterod 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 oustody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or direct	tors:
A. DIRECTORS	
Chaleman: Steve ense	<u> </u>
Address: 3 Wathlage	Dr
lake Osmo en	· OR 97034
Vice Chairman:	)
Address:	
Director:	7.66
Address:	
	1 m
Director:	10 × 10
Address:	ار بر المسلم
	37 37 37 37 37 37 37 37 37 37 37 37 37 3
B. OFFICERS	
President: Steve Trnsen	·
Address: 3 Wish dage	D-
la la Osujeno	OR 97034
Vice President:	
Address:	
, tall 1000.	
Socretary: Cory Jeans Te	h Sen
Address: 3 Detri dge	De Lale Oswego OR
	J' 9733y
Address:	
NOTE: If necessary, you may attach an addendum to the a	
Signature of Di	rector or Officer
The officer or director signing this document (and who is I are true and that he or she is aware that false information s	isted in number 11 above) affirms that the facts stated herein abmitted in a decument to the Department of State constitutes
third degree felony as provided for in s.817.155, P.S.	
13. Director / Owner  (Typed or printed name and capaci	ty of agree gird a mark and a
(1.2) or brittled traine and cabaci	ry or person signing application)

## State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

## Certificate of Existence 527X290R1

I, DENNIS RICHARDSON, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

CBI CONSULTING, INC.

i.s

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereaf, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Dennis Lechardson

DENNIS RICHARDSON, SECRETARY OF STATE

7/31/2018