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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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	AUTHORIZATION	:	Louis	ena	ر		
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NAME :	CLARKE INVEST	MEN	T GROUP				
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CONTACT PERSON	: Emily Croft -	- E	XT# 62925				

EXAMINER:

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Regi Divi: Clift 2661	SEET/COUS stration Sec sion of Corp on Building Executive shassee, FL	tion porations Center Circ			F F	MAILING Registration Division o P.O. Box 6 Fallahasse	n Section f Corpor 5327	on rations		
Enclosed is a	check for t	he followin	g amount:							
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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. (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) 2. Virginia 3. 83-1751802 (State or country under the law of which it is incorporated) (FEI number, if applicable) August 30, 2018 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Rognobe, VA 24019 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address:

#### 9. Registered agent's acceptance:

Tallahassee

(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.

By: Registered agent's signature)

Roxanne Turner
Asst. Vice President

, Florida

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: \_ Thomas M. Clarke Address: 192 Summer Field Ct. Suite 203 Roanoke, VA 24019 Address: 192 Summer field Ct. Suite 203 Roznoke VA 24019 **B. OFFICERS** President: Vice President: Secretary: \_\_\_ Address: Treasurer: NOTE: If necessary, you may attach an addenium 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 third degree felony as provided for in s.817.155, F.S. 3. Thomas M. Clarke Director / Authorized Jonal (Typed or printed name and capacity of person signing application)

## Common brealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF GOOD STANDING

### I Certify the Following from the Records of the Commission:

That Clarke Investment Group Corporation is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 30, 2018;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 12, 2018

Joel H. Peck, Clerk of the Commission

MO:

ient Control Number: 1810126162