

Florida Department of State

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To:

Division of Corporations

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From:

Account Name : INCORP SERVICES INC

Account Number :- 120120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

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FOREIGN PROFIT/NONPROFIT CORPORATION

The Grant Evaluation Group, Inc.

Certificate of Status	0
Certified Copy	0
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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.

	solo in i torica, enter anomate corporate nam	e adopted to	or the purpose of transacting	business in Florida)		
(State or country under the law of which it is incorporated) August 16, 2018 (Date of incorporation)		3				
			(FEI number, if applicable)			
		Perpetual				
			(Date of duration, if other than perpetual)			
January 1, 2						
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.			νì		
2607 Wood	ruff Road, Suite E 112, Simpsonvile,		· •	,,		
		pipal office a		<u></u>		
		,,p. 01,,00 t				
	(Current mai	ling address	, if different)			
				19 _.		
Name and stree	t address of Florida registered agent: (F	O Box <u>N</u>	IOT acceptable)	JAN MAN MAN MAN MAN MAN MAN MAN MAN MAN M		
Name:	InCorp Services, Inc.		•	1 1 1 1 1 1 1 1 1 1		
ffice Address:	17888 67th Court North			TO TO		
	Loxabatchee	 F1	orida	12: 25 S JANG T GRIO		

Janice Null on behalf of InCorp Services, Inc. (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.

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11. Names	and business addresses of officers and/or directors:			
A. DIRECT	rors			
Chairman: _				
Address:				
Vice Chairma	u:			
Director:	tephanie Marshall			
	Riverstone Way			
· · · · · · · · · · · · · · · · · · ·	reer, SC 29651			
Director:				
Address:				— -
B. OFFICEI	RS ·			
President:/ <u>CBO</u>	Stephanie Marshall			
Address:	6 Riverstone Wav			
	Greer, SC 29651			<u> </u>
Vice President:		77.2		
			- 25	
		***	N.	
Secretary:	Stephanie Marshail	- <u>2000</u>	7	1==
Address:		717		Transfer (
Tressurer/ÇFO	Stephanie Marshall	- <u>58</u>	- iż -	
Address:	6 Riverstone Way, Greer, SC 29651	- 34	8	
NOTE: If nece	essay, you may attach an addendum to the application listing additional officers an	d/or director	 S.	
	Signature of Director or Officer itector signing this document (and who is listed in number 11 above) affirms that the he or she is aware that false information submitted in a document to the Department of the provided for in s.817.155, F.S.	ne facts state of State of	d here: onstitu	in tes
13	Stephanie Marshall, President			
	(Typed or printed name and capacity of person signing application)		~	

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

The Grant Evaluation Group, Inc., a corporation duly organized under the laws of the State of South Carolina on August 16th, 2018, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33–14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of December, 2018.

Mark Hammond, Secretary of State