## F19000002438

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

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## **COVER LETTER**

то:	Registration Section Division of Corporations						
SHRI		EENERGY, INC.					
0000	EC1	Nam	e of corporation	- must include suffix		<u></u> :	
Dear S	Sir or Madam:						
"Certi	nclosed "Applicat ficate of Existenc referenced foreig	e," or "Certifica	te of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.	ect Business in F omitted to registo	lorida," or the	
	return all corresp ETH R. JILLSON		ning this matter	to the following:			
			Name of 1	Person	<u>-</u>	<del></del>	
ALLIN	'G & JILLSON, L'	FD.					
POST	OFFICE BOX 339	0	Firm/Com	pany			
STATE	ELINE, NV 89449		Addre	ss	<u> </u>		
			City/State ar	nd Zip code			
kjillson@ajattorneys.com						n is	
		E-mail addres	ss: (to be used f	or future annual report r	notification)	<del>- 22</del>	
For fur	ther information	concerning this	matter, please e	all:		PRINCE AND THE	
Corinne Kobel		775 at (	588-6676	588-6676			
Name of Person		Area Code	Daytime Teleph	ione Number	- - - -		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose	ed is a check for t	he following am	ount;				
<b>\$</b> \$70.	00 Filing Fcc	S78.75 Filir Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 Filir Certificate Certified C	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. ENCORE ENERGY, INC. (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) NEVADA (State or country under the law of which it is incorporated) (FEI number, if applicable) 1/29/2018 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 601 BRICKELL KEY DRIVE, SUITE 700, MAIMI, FL 33131 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACORP INCORPORATED Name: 155 OFFICE PLAZA DR., 1ST FLOOR Office Address: TALLAHASSEE

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 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.



Jody Moua, Asst. Secretary, Paracorp Incorporated

(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. DIR	ECTORS		
Chairmar	SHAYNE WOOD  1:		
Address:	POST OFFICE BOX 3390, STATEL'INE, NV 89449		
	SHAYNE WOOD	,	
	POST OFFICE BOX 3390, STATELINE, NV 89449		
Director:	SHAYNE WOOD		
	POST OFFICE BOX 3390, STATELINE, NV 89449		_
B. OFFI			·
	SHAYNE WOOD		
Address:	POST OFFICE BOX 3390, STATELINE. NV 89449		
Vice Presi	SHAYNE WOOD  dent;  POST OFFICE BOX 1208 SECTION 1	11 / 41	
	POST OFFICE BOX 3390, STATELINE, NV 89449		<del> </del>
-	SHAYNE WOOD		
Secretary: Address:	POST OFFICE BOX 3390, STATELINE, NV 89449		
Treasurer:	SHAYNE WOOD		<del></del> -
Address: _	POST OFFICE BOX 3390, STATELINE, NV 89449		
	f necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
12	Store Goal		
a third deg	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the facts d that he or she is aware that false information submitted in a document to the Department of States of the Free felony as provided for in s.817.155, F.S.  NE WOOD, PRESIDENT	stated her	ein utes

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, ENCORE ENERGY, 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 January 29, 2018, 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 February 28, 2019.

Ballars K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190228-2091