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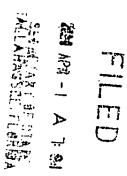
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APR 10 III)

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.I	ECT: SYMMETRY GROUP INC			
5020		of corporation	- must include suffix	····
Dear S	Sir or Madam:			
"Certif	iclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the second corporation corporation to the second corporation to the second corporation to the second corporation corporation corporation to the second corporation co	of Good Stand	ling" and check are subm	
Please	return all correspondence concern	ing this matter	to the following:	
JODAI	H REED			
		Name of P	erson	
SYMN	IETRY GROUP INC			
		Firm/Comp	pany	
611 S I	FT HARRISON AVE, STE 127			
		Addres	SS	
CLEA	RWATER FL 33756			
		City/State an	d Zip code	· · · · · · · · · · · · · · · · · · ·
JODAI	H7@GMAIL.COM			
	E-mail address	s: (to be used fo	or future annual report no	ification)
For fur	rther information concerning this n	natter, please ca	dl:	
JODAI	I REED	at (744-1275	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i	and is a check for the following amount of the check payable to: FLORIDA D and Filing Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

L SYMMETRY C	GROUP INCORPORATED		
	corporation; must include "INCORPORATED. corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	N,"
SYMMETRY (CONSULTING GROUP		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
2. TEXAS	3. 26-1924731 (FEI number if an		
(State or country	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 2/7/2008	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6			
	(SEE SECTIONS 607.1501 & 607.1		lity)
7 611 S FT HARR	ISON AVE, STE 127, CLEARWATER, FL, 3	3756	
		ice street address)	
611 S FT HARR	ISON AVE, STE 127, CLEARWATER, FL, 3	33756	
	(Current maili	ng address, it different)	
8. Name and street	et address of Florida registered agent: (P.G	D. Box NOT acceptable)	
Name:	JODAH REED		
Office Address:	611 S FT HARRISON AVE, STE 127		
	CLEARWATER	, Florida 33756	
	(City)	(Zip code)	Zu M
9. Registered ag	ent's acceptance:		
Having been nam	ned as registered agent and to accept servi		
	application, I hereby accept the appoint comply with the provisions of all statutes i		
and I am familia	omply win the provisions of an statutes to with and accept the obligations of my po	retative to the proper and comple osition as registered agent.	ne performance of my auties
		v v	
•	July		
	(Registered agent's s	ignature)	

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS JODAH REED □Chairman □ Chairman Name: _____ 611 S FT HARRISON AVE □ Vice Chairman Address: ☐ Vice Chairman Address: STE 127 Director Director CLEARWATER FL 33756 ■President □ President □ Vice President □ Vice President Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ ⊡Other_____ ☐Other _____ Name: Name: □Chairman □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: _____ □Director □Director □ President □President □Vice President Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other ____ □Other _____ □Other _____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address; □ Vice Chairman Address: □ Director □Director □President □President □Vice President _____ □ Vice President □ Secretary Treasurer ☐ Secretary Treasurer □Other _____ □Other ____ ⊡Other ______ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer of 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. JODAH REED



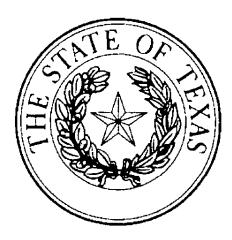
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Symmetry Group Incorporated (file number 800935090), a Domestic For-Profit Corporation, was filed in this office on February 07, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 28, 2020.



Ruth R. Hughs Secretary of State

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 959367790003