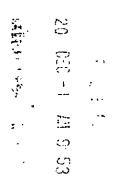
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(Requestor's Name)						
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The second

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: PUS Name of	Corporation must in	ΩC ·		
Dear S	ir or Madam:				
"Certi	iclosed "Application by Foreign Corplicate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Standing" an	d check are submit		
Please	return all correspondence concernin	g this matter to the fo CON RUSY Name of Person	ollowing:		
	F	PLS CIMUP :	Inc.		
	4417 co.Rd	2214 Address			
	Thry, AL 31	City/State and Zip co	ode		
	CONC D E-mail iddress:	ISAN UPINC (to be used for future	annual report noti	fication)	
For fur	rther information concerning this ma	tter, please call:			
	Manle of Person a	nt () Area Code	586 - 53 Daytime Telephor	St_ ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	sed is a check for the following amoumake check payable to: FLORIDA DEI 0.00 Filing Fee	PARTMENT OF STAFEC & \square \$78.75		S87.50 Filing Fee, Certificate of Status & Certified Copy	



November 10, 2020

CORY RUSHING 4417 CO RD 2214 TROY, AL 36079

SUBJECT: PLS GROUP INC. Ref. Number: W20000129200

We have received your document for PLS GROUP INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 920A00022525

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. PUS GNIM TWY.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," "Torp." "Inc.," "Co.," "Torp.," "Inc.," "Co.," "Torp.," "Corp." "Inc.," "Corp." "Inc.," "Corp." "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "Inc.," "Corp.," "Corp.,

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.

(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.

A. DIRECTORS				
□Chairman	Name: Cony & Rushing	□Chairman	Name:	
□Vice Chairman	Address: 4417 coRd 22th	□Vice Chairman	Address:	
□Director	Try, AL 36079	□Director		
President		□President		
□Vice President		□Vice President		-
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□ Other	□Other	□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than size(6). The attact added to the index when filing your Forida Departmen	liment will be image at of State Annual Re	d for reporting purport form,	rposes only, Non-indexed
12				
	Signature of Director or	Officer		
	ctor signing this document (and who is listed in number also information submitted in a document to the Departm			
13	Cony Etzushin	9	 -	
	(Typed or printed name and capacity of person	⊕igning application)	

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Conversion filed on behalf of PLS Group, Inc., as received and filed in the Office of the Secretary of State on 02/08/2019.



20201119000007510

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/19/2020

Date

X 74. Menill

John H. Merrill

Secretary of State