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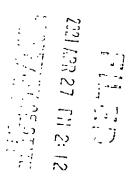
(Re	questor's Name)	
(Ad-	dress)	<u> </u>
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Connor Group, Inc.	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Brandon Moreno	· N
Name of	Person
Connor Group, Inc.	1
Firm/Col	mpany
3700 Barron Way, Ste 2	
Add	ress
Reno, NV 89511	
City/State	and Zip code
monica.evans@soldenservices.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Monica Evans at (775) 412-2315
Name of Person Area Co	
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN X \$70.00 Filing Fee	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

1. Connor Group, I			
	orporation; must include "INCORPORATED." orp.," "Inc." "Co.," or "Corp.")	" "COMPANY," "CORPORATION,"	
Connor Group	FL, Inc.		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	s in Florida)
2. Nevada	3.	3. 32-0445452	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 06-16-2014	5.	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
6. TBD		·	
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 3700 Barron Way	, Ste 2. Reno, NV 89511		(2)
- same -	(Principal offi	ce <u>street</u> address)	
	(Current mailin	g address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	
Name:	Sunshine Corporate Filings		
Office Address:	7901 4th Street N, Suite . 300		
	St. Petersburg, FL	Florida33702	
	(City)	(Zip code)	
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above stated corpora nent as registered agent and agree to act t elative to the proper and complete perfort sition as registered agent.	in this capacity. I_{\parallel}
	*See attached confirmation (Registered agent's si	gnature)	
	(

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

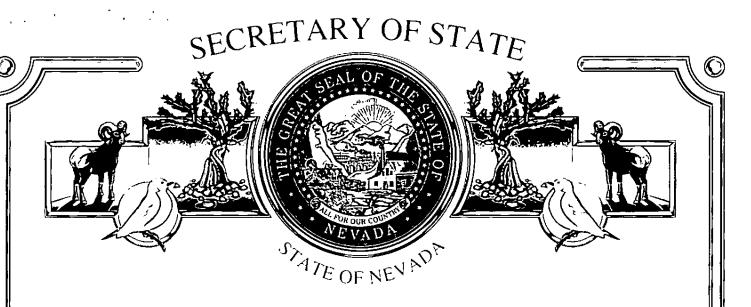
under the law of which it is incorporated.

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

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Reno, NV 89511	□Director				
□President		□President				
□Vice President		□ Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		- >		
□President		□President				
□Vice President		□Vice President		(1)		
□Secretary	□Treasurer	☐ Secretary		Treasurer		
□Other	Other	□Other		□Other		
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary		□Treasurer		
□Other	□ 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.						
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						

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 a third degree felony as provided for in s.817.155, F.S.

13. Brandon Moreno - COO



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, CONNOR GROUP, INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/16/2014, and is in good standing in this state.



Certificate Number: **B202103311557962**

You may verify this certificate online at http://www.nvsos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/31/2021.

> Barbara K. Cegarste BARBARA K. CEGAVSKE

Secretary of State