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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone #)			
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(Bu	usiness Entity Name)			
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Total One Resources	SINC
SUBJECT: Total One Resources Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in Fl	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Vanessa P. Hilts	
21 63	
Total One Resource	es, Inc
Firm/Company	
23300 Greenfield	Rd Suite Da
Address	
Oak Park, M.	I 48237
City/State and Zip	code
total one resources @ 40 E-mail address: (to be used for futu	thao com
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Vanessa P. Hilts at (313) Name of Person Area Code	598 7442 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303	
-	FATE 75 Filing Fee & X \$87.50 Filing Fee, fied Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

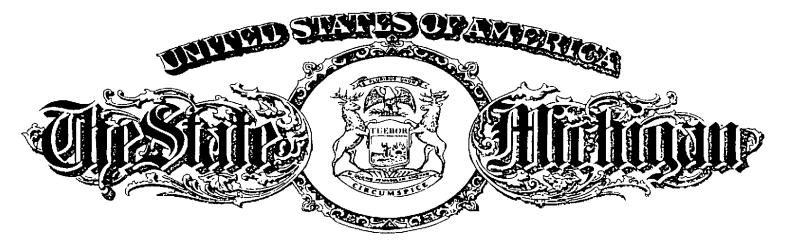
			TUTES, THE FOLLOWING SINESS IN THE STATE OF		
1. 10		sources, i			
(Enter name of co	rporation; must include "If rp," "Inc." "Co," or "Corp.	NCORPORATED." "C	COMPANY." "CORPORAT	TON,"	-
inc., Co., Co	rp, inc. Co. or Corp.	,			
<u> </u>					_
(If name unavailal			pted for the purpose of transa		
2. Detr	ort Michig	an 3.	27-20 (FEI number, i	25696	_
^ اسسن					
4. PD (Date of	of incorporation)	<u> </u>	Date of duration, if oth	ner than perpetual)	_
6. <u> </u>	10 Transachi				_
			orida, if prior to registration), F.S., to determine penalty lia	ability)	
7. 4	153 CeDeda	Street	orlando, f	FL.32811	
000					_
23300	Greentield	Rd. Suite	L 123 Oak Pa	KK, MT40	31
		(Current manning a	udiess, ii differenty		
8. Name and street	t address of Florida regis	stered agent: (P.O. E	Box <u>NOT</u> acceptable)	FEB	
Name:	Vanessa P	Stilts	_	EB :	
Office Address:	4453 Ce Ded	a Street		$\frac{\overline{\omega}}{\omega}$	
,	Orlando		, Florida 32811	PN 다	. ;
	(City	·	(Zip code)	<u>်း</u>	13"
9. Registered age	nt's acceptance:			*	
			of process for the above sta at as registered agent and a		
further agree to co	mply with the provision	s of all statutes rela	tive to the proper and com		
and I am familiar	with and accept the obli		on as registered agent.		
	Ohen	(Jun)		
	(R	egistered agent's signa	nture)		
10. Attached is a c	ertificate of existence di	ıly authenticated, no	t more than 90 days prior b	o delivery of this applic	ation to

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	_ • ·		15			
□Chairman	Name: Variessa P. Hilts	□ Chairman	Name: Alan Hills			
□Vice Chairman	Address: 3804 RODSeveltST	□Vice Chairman	Address: 3804 Rooseveets			
⊠ Director	Dearborn, mI 48724	Director	Dearborn, MI 48124			
□President		Tresident				
□Vice President		□Vice President				
□ Secretary	□Treasurer	□Secretary	Treasurer			
□Other	Other	□Other	Other			
□Chairman □Vice Chairman □Director	Name: Blanca Jackson Address: 4453 Cepeda St. Orlando, FZ 32811	□Chairman □Vice Chairman □Director	Name: Brawa Jackson Address: 4453 Cepeda S. Orlando, FL 32811			
□ President		□President				
		□Vice President				
□ Secretary	□Treasurer	Decretary	□Treasurer			
□Other	□Other	□Other	Other			
□Chairman □Vice Chairman □Director □President	Name: Vanossa P. HILS Address: 3804 Rooseveetst. Dear born, MI 48124		Name:			
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	□Treasurer			
□Other		□Other	Other			
12The officer or dire	Signature of Director of Comment (and who is listed in number alse information submitted in a document to the Department of the Department	of State Annual Report Officer 11 above) affirms the nent of State constitution of Stat	nat the facts stated herein are true and that he or utes a third degree felony as provided for in			
(Typed or printed name and capacity of person signing application)						





Lansing, Michigan

This is to Certify That

TOTAL ONE RESOURCES, INC.

was validly Incorporated on February 25, 2010 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 23120000404

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of December, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau