## 

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000139761 3)))



H130001397613ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (608)827~5501

Email Address: donkats@earthlink.net\_\_\_\_\_

### FOREIGN PROFIT/NONPROFIT CORPORATION

Information Reporting Solutions, Inc.

Into Ination Itepot ting Solutions, Inter		
Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$70.00	

RECEIVED

13 JUN 19 PM 4: 33

DEPARTMENT OF STATE OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

#1:#1 6/19/2013 #1:#1 6/19-2013

## H130001397613

FILED 13 JUN 19 AM 9:54

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSPORT TAKE TAKY OF STATE 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.

State or country under the law of which it is incorporated)  8/1/2011  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SHE SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OPEN SECTIONS 607.1502, F.S., to determine penalty liabi		3. 45-2879786
(Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OP S Stephanie St Suite B165, Henderson, Nevada 89012  (Principal office address)  (Current mailing address)  All lawful business  (Purpose(a) of corporation authorized in home state or country to be carried out in state of Florida)  Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  ice Address:  Tallahassee  , Florida 32301  (City)		(FEI number, if applicable)
(Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SHE SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  (OP S Stephanie St Suite B165, Henderson, Nevada 89012  (Principal office address)  (Current mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  ice Address:  Tallahassee  , Florida 32301  (City)		< Perpetual
(SHE SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  09 S Stephanie St Suite B165, Henderson, Nevada 89012  (Principal office address)  (Ourrent mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)		(Duration: Year corp. will cease to exist or "perpetual")
(SHE SECTIONS 607.1501 & 607 1502, F.S., to determine penalty liability)  109 S Stephanie St Suite B165, Henderson, Nevada 89012  (Principal office address)  209 S Stephanie St Suite B165, Henderson, Nevada 89012  (Current mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee  , Florida 32301  (City)  (City)  (City)  (City)  (City)		
(Principal office address)  (Principal office address)  (Current mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and attreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)		
(Principal office address)  209 S Stephanie St Suite B165, Henderson, Nevada 89012  (Current mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)	·	
(Current mailing address)  All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)		
All lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee  , Florida 32301  (City)  (City)	St Suite B165, Henderson, Nevada 89	012
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)	(Current mailing a	ddress)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)	•	
Name: Business Filings Incorporated  Name: 515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)	SS	
Name: Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301 (City) (Zip code)	of corporation authorized in home state or	country to be carried out in state of Florida)
Name:  Business Filings Incorporated  515 E. Park Avenue,  Tallahassee , Florida 32301  (City) (Zip code)	eddress of Florids registered agent: (I	P.O. Box NOT acceptable)
Tallahassee , Florida 32301 (City) (Zip code)		,
Tallahassee , Florida 32301 (City) (Zip code)		<del></del>
	713 E. Park Avenue,	
	Pallahassee	, Florida <sup>32301</sup>
	(City)	(Zip code)
	(,-)	
	ot's acceptance:	and a second
ring been named as registered agent and to accept service of process for the above stated corporation at the p impated in this application. I havely accept the appointment as registered agent and agree to act in this capat	nt's acceptance: I as registered agent and to accept se	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	nt's acceptance: I as registered agent and to accept se oplication, I hereby accept the appoin	ntment as registered agent and agree to act in this capac
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	nt's acceptance: I as registered agent and to accept se oplication, I hereby accept the appoin uply with the provisions of all statute	ntment as registered agent and agree to act in this capac s relative to the proper and complete performance of my
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	nt's acceptance: I as registered agent and to accept se oplication, I hereby accept the appoin uply with the provisions of all statute	ntment as registered agent and agree to act in this capa s relative to the proper and complete performance of m
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m II am familiar with and accept the obligations of my position as registered agent.	nt's acceptance: I as registered agent and to accept se pplication, I hereby accept the appoin uply with the provisions of all statute ith and accept the obligations of my	ntment as registered agent and agree to act in this capa s relative to the proper and complete performance of m position as registered agent.
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	nt's acceptance: I as registered agent and to accept se pplication, I hereby accept the appoin uply with the provisions of all statute ith and accept the obligations of my	ntment as registered agent and agree to act in this capa s relative to the proper and complete performance of m position as registered agent.
		(Date first transacted busines (SEE SECTIONS 607.1501 & 607 it Suite B165, Henderson, Nevada 890 (Principal office a St Suite B165, Henderson, Nevada 890 (Current mailing a ss ss of corporation authorized in home state or address of Florida registered agent: (I Business Filings Incorporated

11. 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.

#130001397613

## H130001397613

f L. ED

13 JUN 19 AM 9:54

SECRETARY OF STATE TAILLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:	TALLAHASSEE FL
A. DIRECTORS	/ L
Chairmen:	
Address:	
	<del></del>
Vice Chairman:	
Address:	
	<u> </u>
Director: Donald Sallot	·· <u>·</u> ···-
Address: 209 S Stephanie St Suite B165, Henderson, Nevada 89012	
Pi	
Director:	
Address:	
B. OFFICERS	
President: Donald Sailor	
209 S Stephanie St Suite B165, Henderson, Nevada 89012 Address:	
Vice President: Donald Sallot	
209 S Stephanie St Suite B165, Henderson, Nevada 89012 Address:	
Secretary: Kathy Sallot	
209 S Stephanie St Suite B165, Henderson, Nevada 89012	
Treasurer: Kathy Sallot	
Address: 209 S Stephanie St Suite B165, Henderson, Nevada 89012	
	Man Man a
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
13. Wonard Salles  (Signature of Director or Officer listed in number 12 of the application)	
Osignature of Execution of Officer Instead in number 12 of the application)  14. Donald Sallot, President	
(Typed or printed name and capacity of person signing application)	

H13000 1397613

SECRETARY OF STATE ASSESSED CO



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, INFORMATION REPORTING SOLUTIONS, 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 August 1, 2011, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130619-1392
You may verify this electronic 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 June 19, 2013.

ROSS MILLER Secretary of State

400.9 F27 5601 P.002