

# SECRETARY OF STATE



## DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **RECRUITER.COM, GROUP, INC.** did, on 03/20/2020, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate Number: B20200320675789  
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 03/20/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

RECRUITER.COM, GROUP, INC.

**Nevada Business Identification # NV20201745507**

**Expiration Date: 03/31/2021**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



Certificate Number: B20200320675790

You may verify this certificate  
online at <http://www.nvsos.gov>

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*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division*

*202 N. Carson Street*

*Carson City, NV 89701*

*Telephone (775) 684-5708*

*Fax (775) 684-7138*

*North Las Vegas City Hall*

*2250 Las Vegas Blvd North, Suite 400*

*North Las Vegas, NV 89030*

*Telephone (702) 486-2880*

*Fax (702) 486-2888*

**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

03/20/2020

**Work Order Item Number:** W2020032000202 - 478423  
**Filing Number:** 20200561791  
**Filing Type:** Articles of Incorporation-For-Profit  
**Filing Date/Time:** 03/20/2020 09:58:40 AM  
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E5617922020-9

**Entity Name:** RECRUITER.COM,  
GROUP, INC.

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

CORPORATE CREATIONS NETWORK INC.

8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



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**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

03/20/2020

**Work Order Item Number:** W2020032000202 - 478424

**Filing Number:** 20200561793

**Filing Type:** Initial List

**Filing Date/Time:** 03/20/2020 09:58:41 AM

**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E5617922020-9

**Entity Name:** RECRUITER.COM,  
GROUP, INC.

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

CORPORATE CREATIONS NETWORK INC.

8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

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Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number <b>E5617922020-9</b>
Secretary of State State Of Nevada	Filing Number <b>20200561791</b>
	Filed On <b>03/20/2020 09:58:40 AM</b>
	Number of Pages <b>2</b>

# Formation - Profit Corporation

- NRS 78 - Articles of Incorporation Profit Corporation       NRS 80 - Foreign Corporation       NRS 89 - Articles of Incorporation Professional Corporation

## 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of \_\_\_\_\_ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

<b>1. Name of Entity:</b> (If foreign, name in home jurisdiction)	<b>RECRUITER.COM, GROUP, INC.</b>
<b>2. Registered Agent for Service of Process:</b> (Check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><b>CORPORATE CREATIONS NETWORK INC.</b></div> Name of Registered Agent OR Title of Office or Position with Entity <b>8275 SOUTH EASTERN AVENUE #200</b> <b>Las Vegas</b> Nevada <b>89123</b> Street Address      City      State      Zip Code _____      _____      Nevada      _____ Mailing Address (If different from street address)      City      State      Zip Code
<b>2a. Certificate of Acceptance of Appointment of Registered Agent:</b>	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> <input checked="" type="checkbox"/> <b>Jenisa Irizarry, Special Secretary</b> <b>03/20/2020</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity      Date
<b>3. Governing Board:</b> (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors <input type="checkbox"/> Yes <u>OR</u> <input checked="" type="checkbox"/> No
<b>4. Names and Addresses of the Board of Directors/ Trustees or Stockholders</b> <small>(NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)</small>	1) <b>Miles Jennings</b> Name <b>100 Waugh Drive, Suite 300</b> <b>Houston</b> <b>TX</b> <b>77007</b> Address      City      State      Zip Code 2) <b>Evan Sohn</b> Name <b>100 Waugh Drive, Suite 300</b> <b>Houston</b> <b>TX</b> <b>77007</b> Address      City      State      Zip Code 3) <b>Timothy O'Rourke</b> Name <b>100 Waugh Drive, Suite 300</b> <b>Houston</b> <b>TX</b> <b>77007</b> Address      City      State      Zip Code 4) <b>Wallace Ruiz</b> Name <b>100 Waugh Drive, Suite 300</b> <b>Houston</b> <b>TX</b> <b>77007</b> Address      City      State      Zip Code
<b>5. Jurisdiction of Incorporation:</b> (NRS 80 only)	<b>5a. Jurisdiction of incorporation:</b> _____ <b>5b. I declare this entity is in good standing in the jurisdiction of its incorporation.</b> <input type="checkbox"/>





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**Formation -  
 profit Corporation**  
 Continued, Page 2

<b>6. Benefit Corporation:</b> <small>(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)</small>	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes <input type="checkbox"/>												
<b>7. Purpose/Profession to be practiced:</b> <small>(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)</small>	<b>All lawful Purposes</b>													
<b>8. Authorized Shares:</b> <small>(Number of shares corporation is authorized to issue)</small>	Number of common shares with Par value: <input type="text" value="250000000.0"/> Par value: \$ <input type="text" value="0.0001"/> Number of preferred shares with Par value: <input type="text" value="10000000.0"/> Par value: \$ <input type="text" value="0.0001"/> Number of shares with no par value: <input type="text" value="0"/> <small>If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.</small>													
<b>9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.</b>	<p><b>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>Miles Jennings</b></td> <td style="border: 1px solid black; padding: 2px;"><b>United States</b></td> </tr> <tr> <td style="border: none;">Name</td> <td style="border: none;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>100 Waugh Drive, Suite 300</b></td> <td style="border: 1px solid black; padding: 2px;"><b>Houston</b></td> <td style="border: 1px solid black; padding: 2px;"><b>TX</b></td> <td style="border: 1px solid black; padding: 2px;"><b>77007</b></td> </tr> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip/Postal Code</td> </tr> </table> <p><b>X Miles Jennings</b> (attach additional page if necessary)</p>		<b>Miles Jennings</b>	<b>United States</b>	Name	Country	<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>	Address	City	State	Zip/Postal Code
<b>Miles Jennings</b>	<b>United States</b>													
Name	Country													
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>											
Address	City	State	Zip/Postal Code											

**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)



**BARBARA K. CEGAUSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**RECRUITER.COM, GROUP, INC.**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of <i>Barbara K. Cegauske</i> Secretary of State State Of Nevada	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Business Number</td><td><b>E5617922020-9</b></td></tr> <tr><td>Filing Number</td><td><b>20200561793</b></td></tr> <tr><td>Filed On</td><td><b>03/20/2020 09:58:41 AM</b></td></tr> <tr><td>Number of Pages</td><td><b>2</b></td></tr> </table>	Business Number	<b>E5617922020-9</b>	Filing Number	<b>20200561793</b>	Filed On	<b>03/20/2020 09:58:41 AM</b>	Number of Pages	<b>2</b>
Business Number	<b>E5617922020-9</b>								
Filing Number	<b>20200561793</b>								
Filed On	<b>03/20/2020 09:58:41 AM</b>								
Number of Pages	<b>2</b>								

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

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**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.  
Exemption Code 002

---

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

---

**For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the \*Charitable Solicitation Registration Statement\* is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the \*Exemption From Charitable Solicitation Registration Statement\* is required

**\*\*Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



BARBARA K. CEGAUSKE  
 Secretary of State  
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 Carson City, Nevada 89701-4201  
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[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Initial List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Miles Jennings</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Evan Sohn</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Timothy O'Rourke</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
<b>Douglas Roth</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Wallace Ruiz</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

**X** Jenisa Irizarry  
 Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer FORM WILL BE RETURNED IF

<b>Authorized Signer</b>	<b>03/20/2020</b>
Title	Date

UNSIGNED



STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



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**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

03/20/2020

**Work Order Item Number:** W2020032000215 - 478439

**Filing Number:** 20200561807

**Filing Type:** Amended List

**Filing Date/Time:** 03/20/2020 10:09:19 AM

**Filing Page(s):** 3

**Indexed Entity Information:**

**Entity ID:** E5617922020-9

**Entity Name:** RECRUITER.COM,  
GROUP, INC.

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

CORPORATE CREATIONS NETWORK INC.

8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, USA

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Secretary of State



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# Annual or Amended List and State Business License Application

ANNUAL  **AMENDED** (check one)

**List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

**RECRUITER.COM, GROUP, INC.**

**NV20201745507**

NAME OF ENTITY

Entity or Nevada Business  
Identification Number (NVID)

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

<p><b><u>CHECK ONLY IF APPLICABLE</u></b></p> <p>Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.</p> <p><input type="checkbox"/> 001 - Governmental Entity</p> <p><input type="checkbox"/> 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number <input style="width: 150px;" type="text"/></p>
<p><b>For nonprofit entities formed under NRS chapter 80:</b> entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.</p> <p><input type="checkbox"/> Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002</p>
<p><b>For nonprofit entities formed under NRS Chapter 81:</b> entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.</p> <p><input type="checkbox"/> Unit-owners' Association      <input type="checkbox"/> Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)</p>
<p><b>For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box</b></p> <p>Does the Organization intend to solicit charitable or tax deductible contributions?</p> <p><input type="checkbox"/> No - no additional form is required</p> <p><input type="checkbox"/> Yes - the "Charitable Solicitation Registration Statement" is required.</p> <p><input type="checkbox"/> The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required</p> <p style="text-align: center;"><b>**Failure to include the required statement form will result in rejection of the filing and could result in late fees.**</b></p>



**BARBARA K. CEGAVSKE**  
 Secretary of State  
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# Annual or Amended List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Miles Jennings</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
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CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Evan Sohn</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<b>Timothy O'Rourke</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
<b>Douglas Roth</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CEO</u> :			
<b>Miles Jennings</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>EX CHAIRMAN &amp; PRESIDENT</u> :			
<b>Evan Sohn</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>CHIEF TECH OFFICER</u> :			
<b>Ashley Saddul</b>	<b>USA</b>		
Name	Country		
<b>100 Waugh Drive, Suite 300</b>	<b>Houston</b>	<b>TX</b>	<b>77007</b>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>INTERN CHIEF FINANCIAL</u>			

OFFICER:

**Robert Scherne**

Name

**USA**

Country

**100 Waugh Drive, Suite 300**

Address

**Houston**

City

**TX**

State

**77007**

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X Jenisa Irizarry**

**Signature of Officer, Manager, Managing Member,  
General Partner, Managing Partner, Trustee,  
Subscriber, Member, Owner of Business,  
Partner or Authorized Signer** FORM WILL BE RETURNED IF

**Authorized Signer**

Title

**03/20/2020**

Date

UNSIGNED