Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is DATA INTEGRATION GROUP, INC												
2.	It is incorporated under the laws of MISSISSIPPI												
3.	The name, if different, which it elects to use in Rhode Island is:												
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:												
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:												
4.	The da	te of its	s incorporation is 7/13/200	04	and the period of its duration is								
5.	The ad	dress o	of its principal office is 310	0 AIRPORT RD, JACKS	SON, MS 39208	014	COL						
6.		AR	PM.										
Ο.	The address of its proposed registered of			onice in Knode Island is	(Street Address, not P.O. Box)	26							
	W	and the name of its proposed registered agent	-	_'>-l <u>-</u> ∼te-toralal									
			(City/Town)	, RI <u>02888</u> (Zip Code)		T.	NS S						
	that add	dress is	S PARASEARCH, INC		e of Agent)	Š	<u>D</u> S						
		29	₹										
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:												
	SURVE	EY SEI	RVICES PROVIDED TO B	HDDH									
3.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).												
			<u>Name</u>		<u>Address</u>								
	Director	or <u>I</u>	DOUG CAVER		310 AIRPORT RD, JACKSON, MS 39208								
	Director												
	Director	· -)									
	Director												
	Form No Revised:			By 19 - do	12:29 p.m.								

	(b) The names an state or country of w	d respective adda hich it is incorpora	resses of its principa ated).	officers	(mandatory if direc	ctors are not required under the laws of the			
			<u>Name</u> CAVER		<u>Address</u>				
	President	DOUG CAVER			310 AIRPORT RD, JACKSON, MS 39208				
	Vice President				- · · · · · · · · · · · · · · · · · · ·				
	Treasurer								
	Secretary								
9.	and series, if any, within a class, is: Number of Shares		<u>Class</u>		ized by classes, pa <u>Series</u>	ar value of shares, shares without par value Par Value or Statement that Shares are without Par Value			
	5000		COMMON	NA		W/O PAR VALUE			
10.		wherever located.	= An estimate	e of the	value of all proper	ty to be owned by the corporation for the			
	(b) \$\frac{0}{Island during the	e following year.	= An estimate of the value of the corporation's property to be located within Rh						
	the corporation	to be located with	in this state during t	he follow	ing year bears to the	n that the estimated value of the property on the value of all property of the corporation to the by 100 to obtain the percentage			
11.	(a) \$\frac{100,000}{\text{during the follow}}	ring year.	= An estimate	of the g	ross amount of bu	siness to be transacted by the corporation			
	(b) \$ 0 or from places o	f business in Rho	= An estimate of the gross amount of business to be transacted by the corporation a node Island during the following year.						
(c) % = An estimate, expressed as a percentage, of the proportion that the gross amout transacted by the corporation at or from places of business in this state during the following year bears thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiple the percentage}									
	This application is a laws of which it is inc		certificate of Good	Standing	issued by the prop	per officer of the state or country under the			
13.	This Application for C	Certificate of Author	ority shall be effective	e upon fili	ng unless a specific	ed date is provided which shall be no later			
	than the 90th day aft	er the date of this	filing		,				
				Application	on for Certificate	leclare and affirm that I have examined this of Authority, including any accompanying statements contained herein are true and			
Date	3/25/2014								
					Signature of Auth	orized Officer of the Corporation			
				DOUG C					
					Type or Print N	ame of Authorized Officer			

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on July 13, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

DATA INTEGRATION GROUP, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records the Secretary of State, have been paid and that the corporation is in existence or has authority transact business in Mississippi.

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Given under my hand and seal of office March 25, 2014

C. Delbert Hosemann, Jr. Secretary of State



Certification Number: 13242513-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp