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(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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WY 25 2015 J. HARRIS

COVER LETTER

TO: New Filing Section Division of Corporations			
Do co mountain	neight line		
	a - must include suffix		
. mine or occiporation			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business.	nding" and check are submitted to register the		
Please return all correspondence concerning this matte	r to the following:		
ran Curlo) Alarah		
Name of			
Name of	r cisuit		
Ei-m/Con			
Firm/Con			
4600 NW 38	st we 303		
Addr			
1) was Flor	and Zip code		
City/State a	and Zip code		
)(circular confr)	and Zip code		
E-mail address: (to be used	for future annual report notification)		
	11		
For further information concerning this matter, please	call:		
Vala 1 Mine	PA > 2 B A) C		
Jun (arlo, Huran at 305	9729010		
Name of Person Area	Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section	New Filing Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

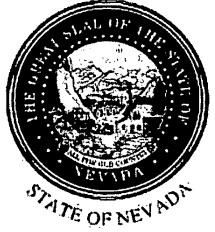
EGISTER A FORE	WITH SECTION 607.1503, EIGN CORPORATION TO COLUMN (NO.) TO Poration; must include "INCO	TRANSACT BUSII	VESS IN THE STATE O	F FLORIDA.	
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCO p," "Inc," "Co," or "Corp.")	RPORATED," "CC	MPANY," "CORPORA"	rion,"	
(If name unavailab	le in Florida, enter alternate co	orporate name adopt	ed for the purpose of trans	sacting business	in Florida)
	uada	3			
(State or country under the law of which it is incorporated) (FEI number, if applicable)					
	31/15	5	Perpetua	<u> </u>	
` (Date o	f incorporation)	(Du	ration: Year corp. will cea	ase to exist or "p	perpetual")
	(D-4- 5-44		:1- :6:	<u> </u>	
			ida, if prior to registration '.S., to determine penalty l		
	9600 NW 30	8 St Suite	303, Doval	K 33	179
	(Princ	ipal office address)	3 / 1000		
-	(Curre	ent mailing address)			
Nome and atmost	address of Florida register	nd a contr. (D.O. Da	w NOT acceptable)		~ 3
. Name and <u>street</u>		•	ox <u>NOT</u> acceptable)		
Name:	"Ugniel Ech	-			
ffice Address:	G600 MM 383	1+303			24 7.58
	D0141		, Florida 33147	8	
	(City)		(Zip code)	/ -	100
. Registered agei	it's accentance.				PHI2: 42
	d as registered agent and	to accept service o	f process for the above	stated corpor	•
urther agree to co	application, I hereby accep mply with the provisions o miliar with and accept the	f all statutes relat	ive to the proper and co	omplete perfoi	
	Dr.	181	. 4		
	مبلكن كالم	W/ Muy	est.		

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 under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

<i>E</i>	DRS			
Chairman:				
Address:				
Vice Chairman:				
Address:				
	\(\frac{1}{2} \\ \frac{1}{2} \\ \fra			
Director:	Man Carlos Alarion			
Address:	9600 NW 38 St Sive 300 Marti KL 33178			
—— Director:				
radiess.				
	Juan Curlos Alunon 600 Nov 38 St Site 303 Mary XL 931+8			
Vice President		Fire	103 103	
Address:			ري ا	
		SYE	2	Îma mar
Secretary:	Jun Carlo Alurion.	(27:1)	-0 -0	5
secretary	2600 NW 38 St Sule 303, Migg, xh 33178	<u> </u>	_1.	₹ ³ 61 ·
	$\lambda_{i,j} = \lambda_{i,j} \wedge \lambda_{i,j} \wedge \lambda_{i,j}$		- 	
Treasurer:		75		
	27 La (), / N. Di Li N. N. Y. Y. M. N. M. M. M. J. M. J. M.			
Address:	9602 NW 38 St Suk 303, Mayi, XL 3)178			
	cessary, you may attach an addendum to the application listing additional officers and	l/or director	s.	
	cessary, which are addendum to the application listing additional officers and	l/or director	s.	
NOTE: If no	Signature of Director or Officer			
NOTE: If no 12. The officer o are true and t	Signature of Director or Officer addresses and the director signing this document (and who is listed in number 12 above) affirms that the hat he or she is aware that false information submitted in a document to the Department	ne facts state	ed here	
NOTE: If no 12. The officer o are true and t	Signature of Director or Officer above) affirms that the	ne facts state	ed here	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **DACAR INVESTMENTS**, **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 March 31, 2015, and is in good standing in this state.

S SHAPE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 10, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20151110-1911
You may verify this electronic certificate
online at http://www.nvsos.gov/