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SECHETARY OF STATE
TALLAHASSEE, FLORIBA

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MAR 2 4 2015

S. GILBERT

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Solio Gas Profes	nes inc
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
William Robert PEASON	
Name	e of Person
	Company
704 La Veta Dr A Melboune, Fl. 3296 City/Sta Lefinery 996 4 hborco E-mail address: (to be us	
A 223	ddress
Melboune, Fl. 3296	17
City/Sta	te and Zip code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase can.
William Rober Powson at 52	86, 914-1774
Name of Person at (52)	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\simeg\$ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 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.

1. JOUN GOLS PROPERTIES INC	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 2-10-15 (Date of incorporation) 5. Perfective (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 704 L9 Vera Dr Melborne, Fl 32904	
(Principal office address)	
Z_{∞} .	4
(Current mailing address)	n F
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	روم جانگر ا ا
Name: Robert Garcia	; ;**930
	أحامة
Office Address: 2903 W New Haven Ste	S. Amer
Melbourne, Florida 32909	
(City) (Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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: A. DIRECTORS Chairman: William Rober Pensos Vice Chairman: Address: Director: _ Address: _ Director: Address: **B. OFFICERS** President: William Robert Derrow Address: 704 L9 Vegg Dr Melbourne FL 32904 Vice President: ___ Address: Secretary: William Rober PENSO Address: 704 L9 VETA Or MELLOUING FL. 32904 Treasurer: William Rober Starson Address: 704 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Cristian Rober PEASON

(Typed or printed name and capacity of person signing application)

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, SOLID GOLD PROPERTIES, 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 February 10, 2015, and is in good standing in this state.

E VADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 5, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150305-1275
You may verify this electronic certificate
online at http://www.nvsos.gov/