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		TRANSMIT	TAL LETTER	WINDLAND SEE, FLORIDA	
				Section 1	
TO:	Registration Sec Division of Cor			it to be	
				62 6	
SUBJ	JECT: Neighbor	rhood Solutions, Inc.			
		(Name of corpor	ation - must include suffix)		
Dear S	Sir or Madam:				
"Certi		ion by Foreign Corporation e," and check are submitted rida.			
Please	e return all corresp	ondence concerning this ma	itter to the following:		
Donal	d Fawcett	· · · · · · · · · · · · · · · · · · ·			
		(Nam	e of Person)		
Neigh	borhood Solutions	s, Inc.	_		
		(Firm	/Company)		
3433	Lithia Pinecrest R	d Ste 104			
		(A	Address)		
Valric	o, FL 33594				
		(City/St	ate and Zip code)		
			-		
For fu	rther information	concerning this matter, plea	se call:		
		,1			
Donal	d Fawcett	at ( 813	) 661-2132	-	
	(Name of Perso	at \	ea Code & Daytime Teleph	one Number)	
	STREET ADD		MAILING A		
Registration Section			Registration Section Division of Corporations		
	Division of Cor 409 E. Gaines S		P.O. Box 632		
	Tailahassee, FL		Tallahassee, F		
Enclo	sed is a check for	the following amount:			
<b>Ø</b> \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	□ \$87.50 Filing Fee,	
		Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 3, 2004

DONALD FAWCETT NEIGHBORHOOD SOLUTIONS, INC. 3433 LITHIA PINECREST RD STE. 104 VALRICO, FL 33594

SUBJECT: NEIGHBORHOOD SOLUTIONS INC.

Ref. Number: W04000029547

We have received your document for NEIGHBORHOOD SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 604A00048315

Joey Bryan Document Specialist MINISTER SERVICES

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Solutions, Inc.		BUSINESS IN THE STATE OF FLORIDA.
(Enter name of co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"
	Solutions Group, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)
Nevada		_3.	20-1244840
(State or country t	under the law of which it is incorporated)	_	(FEI number, if applicable)
3/19/04		5.	perpetual
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
8/01/04			
			n Florida, if prior to registration)
	`	J/.13	502, F.S., to determine penalty liability)
3433 lithia Pined	<del></del>		* ***
	(Principal office	addı	ress)
3433 Lithia Pine	cresr Rd Ste 104		
	(Current mailing	; add	ress)
Property Manag	nement		
		or co	ountry to be carried out in state of Florida)
• • • •	•		
Name and ctree	t address of Florida registered agent:	(P.C	J. Box NOT acceptable)
Mante and Pites			
Name:	Donald tawcett		<del></del>
Name:		hec	rest Rd Ste 104
Name:			
Name:	3433 Fithia P		rest Rd Ste 104 , Florida Donald Fawcett 33594  (Zip code)
Name:  ffice Address:  O. Registered ag aving been names arignated in this arther agree to contact the contact that are agree to contact the contact that are agree to contact the agree the agree the agree to contact the agree the	3433 Atha Portion 1990 (City)  The sent's acceptance: and as registered agent and to accept sapplication, I hereby accept the appointments.	servi ointn	, Florida Donald Fawcett 3359 y  (Zip code)  ice of process for the above stated corporation at the planent as registered agent and agree to act in this capacity elative to the proper and complete performance of my d

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

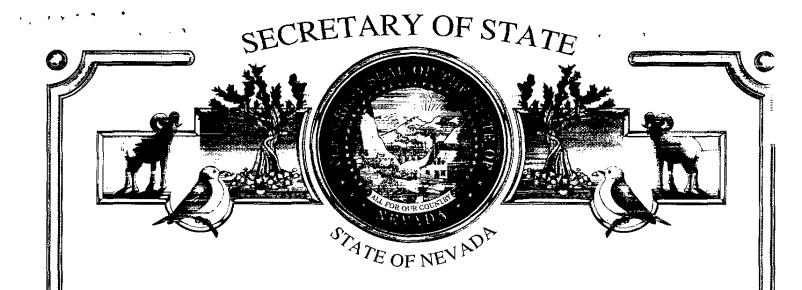
under the law of which it is incorporated.

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

# A. DIRECTORS Chairman: \_\_\_ Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Vice Chairman: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Director: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Director: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 **B. OFFICERS** President: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Vice President: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Secretary: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 Treasurer: Donald Fawcett Address: 4232 Balington Dr. Valrico, FL 33594 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

Typed or printed name and capacity of person signing application)



### **CORPORATE CHARTER**

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **NEIGHBORHOOD SOLUTIONS INC.** did on **March 19, 2004** file in this office the offiginal Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 19, 2004.

DEAN HELLER Secretary of State

Dear Heller

By ( atricia Samar

Certification Clerk