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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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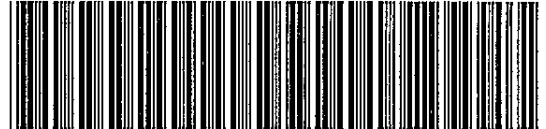
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W206/10/C

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Leaf Systems, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Cote
(Name of Person)
New Leaf Systems, Inc.
(Firm/Company)
12402 N. Division, #250
(Address)
Spokane, WA 99218-1930
(City/State and Zip code)

For further information concerning this matter, please call:

Richard Cote at (509) 466-4195
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. New Leaf Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

New Leaf Solutions, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 20-2854162
(State or country under the law of which it is incorporated) (EEL number, if applicable)
Federal Employer ID #

4. 5/17/05 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/23/05
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12002 N. Riverwood Dr., Spokane, WA 99218
(Principal office address)

12402 N. Division, #250, Spokane, WA 99218-8930
(Current mailing address)

8. Any lawful purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brock Felt

Office Address: 2301 Alligator Creek Rd.

Clearwater, Florida 33765
(City) (Zip code)

10. 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.

Brock Felt

(Registered agent's signature)

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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Richard Cote

Address: 12002 N. Riverwood Dr.
Spokane, WA 99218

Vice Chairman: Brock Felt

Address: 2301 Alligator Creek Rd.
Clearwater, FL 33765

Director: Ty Coughlin

Address: 41529 Kam Highway #2
Kaaawa, HI 96730

Director: _____

Address: _____

B. OFFICERS

President: Richard Cote

Address: 12002 N. Riverwood Dr.
Spokane, WA 99218

Vice President: Brock Felt

Address: 2301 Alligator Creek Rd.
Clearwater, FL 33765

Secretary: Ty Coughlin

Address: 41529 Kam Highway #2, Kaaawa, HI 96730

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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

14. Richard Cote / CEO

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

NEW LEAF SYSTEMS, INC.

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate of Incorporation in Washington on 5/17/2005.

I **FURTHER CERTIFY** that as of the date of this certificate, **NEW LEAF SYSTEMS, INC.** remains active and has complied with the filing requirements of this office.

Date: May 23, 2005

UBI: 602-503-854



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State

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CLERK OF THE STATE
TALLAHASSEE, FLORIDA