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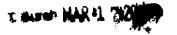
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	***
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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	Office Use Only	,



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## **COVER LETTER**

	ew Filing Section vision of Corporations				
SUBJECT	T: Suncity Note Network, Inc.				
(Name of corporation - must include suffix)					
Dear Sir or	· Madam:				
"Certificate	ed "Application by Foreign Corporation for Authorization to Transact Business in Florida," e of Existence," and check are submitted to register the above referenced foreign corporation to siness in Florida.				
Please retu	rn all correspondence concerning this matter to the following:				
Tina Co	oats				
	(Name of Person)				
Dalbey	Wealth Institute				
	(Firm/Company)				
7233 C	hurch Ranch Blvd.				
	(Address)				
Westm	inster, CO 80021				
	(City/State and Zip code)				
For further	information concerning this matter, please call:				
Tina Co	pats at ( 800 ) 430-8136				
(N	lame of Person) (Area Code & Daytime Telephone Number)				
Ne Di Cli 260	TREET/COURIER ADDRESS:  We Filing Section  vision of Corporations  ifton Building  61 Executive Center Circle  Ilahassee, FL 32301  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314				
Enclosed is	s a check for the following amount:				
\$70.00 F	Filing Fee \$\bigcup \\$78.75 \text{ Filing Fee & }\bigcup \\$87.50 \text{ Filing Fee,} \\ Certificate of Status & Certified Copy & Certified Copy				

## 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.

		ne adopted for the purpose of transacting business in Florida)		
(State or country	under the law of which it is incorporated)	3(FEI number, if applicable)	-	
4 December	9, 2005	perpetual	_	
(Date	of incorporation)	5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	-	
6			_	
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
<sub>7.</sub> 5348 Vega	s Dr. Las Vegas, NV_8910	8	_	
	(Principal office ad	ddress)	-	
325 New I	Meadows Ct Ocoee, FL 3		, <b>2</b>	
	(Current mailing a	ddress)		
g To transac	ct any and all lawful business	S. All	美	7
		country to be carried out in state of Florida)	ਰ	
9. Name and stree	et address of Florida registered agent: (P	2.O. Box NOT acceptable)	ਨੂੰ <b>ਤ≥</b>	Ö
Name:	David McLean		3.03 7.77 7.77	
Office Address:	325 New Meadows Ct		. ω	
	Ocoee	, Florida 34761 (Zip code)		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoin	rvice of process for the above stated corporation at the atment as registered agent and agree to act in this capes relative to the proper and complete performance of ne position as registered agent.	icity. I	ş,

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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A. DIRECTORS			
Chairman: David McLean	<u></u>		
Address: 325 New Meadows Ct			
Ocoee, FL 34761		<u> </u>	
Vice Chairman:			
Address:			
David McLean	TAS	28	
Address: 325 New Meadows Ct	L CK	15 H	
Ocoee, FL 34761	TASS.		
Director:	Y OF	<del></del>	ŗ
Address:	STA 41S	<del>- 32</del> ယှ	•
	PA R	င္သ	
B. OFFICERS			
President: David McLean			
Address: 325 New Meadows Ct			
Ocoee, FL 34761			
Vice President:			
Address:			
Secretary: David McLean		<del></del>	
Address: 325 New Meadows Ct Ocoee, FL 34761			
Treasurer: David McLean		<del></del>	
Address: 325 New Meadows Ct Ocoee, FL 34761			
NOTE: If necessary, you may trach an addendum to the application listing additional officers and/or	directors.		
(Signature of Director or Officer listed in number 12 of the application)			
David McLean, President			
(Typed or printed name and capacity of person signing application)			

SECRETARY OF STATE



SECRETARY OF STATE SHIP AND ASSEC, FLORIDA

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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, **SUNCITY NOTE NETWORK**, **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 December 9, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 1, 2006.

**DEAN HELLER** 

Secretary of State

· acq

ertification Clerk