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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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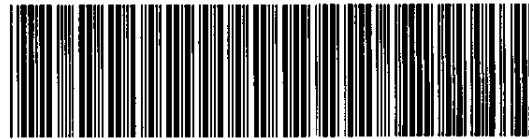
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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1. Submit to the
JUN 01 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nouveau Consulting, 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," or "Certificate of Good Standing" 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:

Robin Douvre-Richardson
Name of Person

Nouveau Consulting, Inc
Firm/Company

1537 State Street
Address

Sarasota, FL 34234
City/State and Zip code

nouveau@nouveausolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Douvre-Richardson at (941) 957-8737
Name of Person Area 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

☒ \$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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**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. Nouveau Consulting, 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. SD 3. 46-0453105
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-25-1999 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1115 Valley View DR. Vermillion, SD 57069
(Principal office address)

1537 State Street Sarasota, FL 34236
(Current mailing address)

8. management consulting, career counseling, hypnosis
(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: Robin Douvre-Richardson

Office Address: 1537 State Street
Sarasota, FL, Florida 34236
(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.

Robin S. Douvre-Richardson
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ROBIN E. DOUVRE-RICHARDSON

Address: 1537 State Street

Sarasota, FL 34236

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Robin E. Douvre-Richardson

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.

14. ROBIN E. DOUVRE-RICHARDSON

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

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TALLAHASSEE, FLORIDA

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

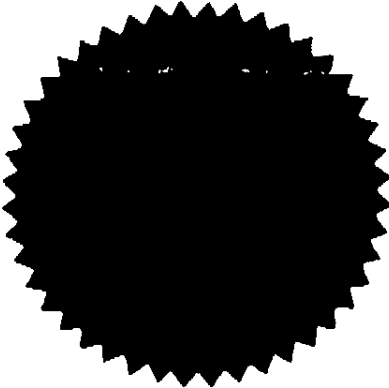
Certificate of Good Standing Domestic Corporation

ORGANIZATIONAL ID #: DB041581

I, **JASON M. GANT**, Secretary of State of the State of South Dakota, do hereby certify that **NOUVEAU CONSULTING, INC.** was duly incorporated under the laws of this state on **June 25, 1999**.

I, further certify that said corporation has complied with the laws of this State relative to the formation of corporations of its kind and is now a regularly and properly organized and existing corporation under the laws of this State and is in good standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.

IN TESTIMONY WHEREOF, I
have hereunto set my hand and
caused to be affixed the Great Seal
of the state of South Dakota, in
Pierre, the Capital City, this day May
26, 2011.



A handwritten signature in cursive script that reads "Jason M. Gant".

Jason M. Gant
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA