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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

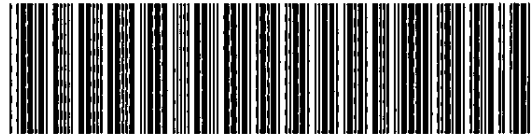
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/23/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hospitality Plus, 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:

Ronnie Donovan

Name of Person

Hospitality Plus, Inc

Firm/Company

33171 Camino Capistrano, suite F

Address

San Juan Capistrano, CA 92675

City/State and Zip code

ronnie@hospitalityplus.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronnie Donovan

Name of Person

at (949) 364-9634

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

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

Hospitality Plus Unlimited, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CA 3. 33-0540093
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/2/1992 5. 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. 33171 Camino Capistrano, Suite F, San Juan Capistrano, CA 92675
(Principal office address)

33171 Camino Capistrano, Suite F, San Juan Capistrano, CA 92675
(Current mailing address)

8. Purchasing and Design for Hotel Industry
(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)

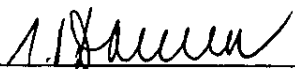
Name: Barbara J CALI-Johnson

Office Address: 600 Sky Top Drive

Ocoee, Florida 34761
(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.


(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Kenneth Mintz

Address: 33171 Camino Capistrano, Suite F
San Juan Capistrano, CA 92675

Vice Chairman: Marian Sahagian

Address: 33171 Camino Capistrano, Suite F
San Juan Capistrano, CA 92675

Director: Vera Ronnie Donovan

Address: 33171 Camino Capistrano, Suite F
San Juan Capistrano, CA 92675

Director: _____

Address: _____

B. OFFICERS

President: Kenneth Mintz

Address: 33171 Camino Capistrano, Suite F
San Juan Capistrano, CA 92675

Vice President: Vera Ronnie Donovan

Address: 33171 Camino Capistrano, Suite F
San Juan Capistrano, CA 92675

Secretary: Marian Sahagian

Address: 33171 Camino Capistrano, Suite F, San Juan Capistrano, CA 92675

Treasurer: Vera Ronnie Donovan

Address: 33171 Camino Capistrano, Suite F, San Juan Capistrano, CA 92675

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

13. _____

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. V. R Donovan, V.P

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

HOSPITALITY PLUS, INC.

FILE NUMBER: C1714929
FORMATION DATE: 11/02/1992
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 12, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State