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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
12 OCT -5 AM 9:29

PS 10/8/12



4895 Pine Tree Drive • Boynton Beach, FL 33436
Office: 631.757.7100 • Fax: 631-574-3173
E-Mail: pauljmatinjr@gmail.com

Capital Solutions Plus, Inc

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

October 4th, 2012

Total of 6 Pages

Re: Certificate Under Seal (Cert of Good Standing...)

Application Date: 10/04/2012

To Whom it May Concern:

As confirmed today in a phone call to your office, Capital Solutions Plus, Inc requests that the Certificate of Status and Certified Copy as per the enclosed application and Certificate of Good Standing be sent via Fed Ex(Copy Shipping Document enclosed) to the aforementioned Boynton Beach, Fl address. Also enclosed is a check for \$87.50.

Please RUSH this response .Also be advised that in addition to the Fed Label for prompt return, that there are enclosed(5) documents as required by Florida.

I trust this information as discussed now meets all of your requirements .

Thank You.

Sincerely Yours,

Paul J Martin, Jr.

Chairman

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAPITAL SOLUTIONS 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:

PAUL J. MARTIN JR
Name of Person

CAPITAL SOLUTIONS PLUS, INC
Firm/Company

4895 PINE TREE DRIVE
Address

BOYNTON BEACH, FL 33436
City/State and Zip code

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

For further information concerning this matter, please call:

Paul J Martin at (631) 757-7100
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

**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. CAPITAL SOLUTIONS PLUS, 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. NEW YORK STATE 3. 26-3465797
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/25/2008 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE TO DATE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4895 PINE TREE DR, BOYNTON BEACH FL
(Principal office address) 33436
same as above
(Current mailing address)

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

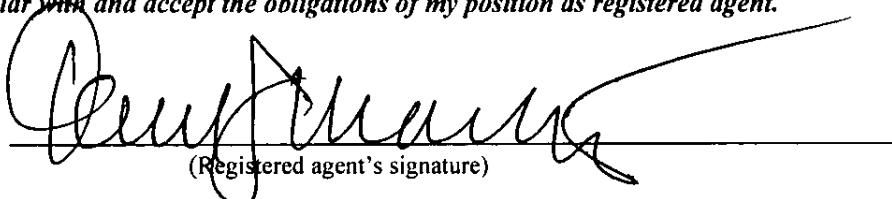
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PAUL J. MARTIN JR

Office Address: 4895 PINE TREE DRIVE
BOYNTON BEACH, Florida 33436
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: PAUL J. MARTIN JR

Address: 4895 PINE TREE DRIVE

BOYNTON BEACH, FL 33436

Vice President: _____

Address: _____

Secretary: PAUL J. MARTIN JR

Address: 4895 PINE TREE DRIVE

Treasurer: BOYNTON BEACH, FL 33436

Address: _____

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

13. Paul J. Martin Jr

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. PAUL J. MARTIN JR, PRESIDENT

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAPITAL SOLUTIONS PLUS, INC. was filed on 08/25/2008, under the name of ALL SOLUTIONS PLUS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ALL SOLUTIONS PLUS, INC., changing its name to CAPITAL SOLUTIONS PLUS, INC., was filed 09/05/2008.



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WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 02nd day of October two
thousand and twelve.

First Deputy Secretary of State