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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

11/21



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TR4 Property Group, 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:
JAMES R Long
Name of Person
Firm/Company
276 Adelaide St.
276 Address Address Address Address
City/State and Zip code
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 415-6258 Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cformula Control Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{Certified Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
. TR4 Property Group, 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)
11evada 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/7/2012 s. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
Long Hone
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
101 Convention Center Dr. Suite 700
(Principal office address)
LAS VegAS, NV. 89109
(Current mailing address) 7 276 AdelAids 51.
Toharu P1. 32713
Rent Zestate Investment
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: JAMES R Long
ffice Address: 276 AdelAide ST.
277/2 SS
Debry Fl., Florida 32713 (Zip code)
(Eny) (Zip code)
Registered agent's acceptance:
aving been named as registered agent and to accept service of process for the above stated corporation at the pla
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d
d I am familiar with and accept the obligations of my position as registered agent.
Mana OV
<u> </u>
(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:		
A. DIRECTORS		
Chairman: Long		
Address: 276 Del Aide 35.		
Debry, Pl. 32713		
Vice Chairman: Same		
Address:		
Director: Same		
Address:		
Director: SAME		
Address:		
B. OFFICERS		
President: SAMES R LONG		
Address: 276 AdelAide 3T.		
Address: 276 AdelAide 3T. Debary: Pl. 32713		
Vice President: SAWE		
Address:		
DA 7		
Secretary:		
Address:		
Treasurer: _SAMe		
Address:		
NOTE: If negessary, you may attach an addendum to the application listing additional officers and/or directors.		
13. A MINV COLOR		
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. SAWES R LONG President		
(Typed or printed name and capacity of person signing application)		

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **TR4 PROPERTY GROUP, 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 November 7, 2012, and is in good standing in this state.

A EVADA

Electronic Certificate
Certificate Number: C20121126-1006
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 26, 2012.

The on two ember 20, 2012

ROSS MILLER Secretary of State AHII: 07