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(Re	questor's Name)		
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(Bu	siness Entity Nan	ne)	
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Certified Copies Certificates of Status			
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: 5+5 FAMILY HOMES, INC. Name of corporation - must include suffix				
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:				
William A. Simpson Name of Person				
Name of Person				
SYS FAMILY HOMES, INC. Firm/Company				
Firm/Company				
3350 ULMERTON ROAD # 19 Address				
Address				
CLEARWATER, FL 33762 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:				
William A Suincas 727 642-0890				
Name of Person at (727) 643-0890 Area Code & Daytime Telephone Number				
·				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Cloft 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 \$\ \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy} \tag{\$87.50 Filing Fee, 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.

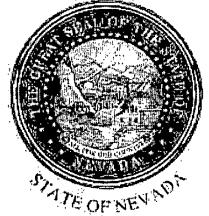
1.	S+SFAMILY HOMES, INC	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	inc., co., corp, inc, co, or corp.)	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2	NEVADA 3. N/A	
۷,	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4	. 1/10/2013 5. PERPETUAL	
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	. NA	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
		0 A 7/
7.	701 N. GREEN PARKWAY, STE 200, HENDERSON, NV & (Principal office address)	1017
	2250 /11 1017th) 000 1410 (1000110750 71 32	7/1
	(Principal office address) 3350 ULMERTUN ROAD, #19, CLEARWATER, FL 33 (Current mailing address)	162
	(Sarrent maning address)	
8.	BUSINESS DEVELOPMENT	,
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	O
9.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	SEV
	11/11/200 A 5 400	CRE.
	ý.	무장도
0	office Address: 3350 ULMENTOW ROAD, # 19	200 P
	CLEARWATER, Florida 33762 (City) (Zip code)	STA ORA
	CLEARWATER, Florida 33762 (City) (Zip code)	A THE
10	Registered agent's accentance:	ਲ

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.

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: _____ Address: ___ Vice Chairman: ___ Address: _ Address: Director: **B. OFFICERS** Address: 3350-ULMERTON ROAD, #19 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. (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, **S & S FAMILY HOMES, 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 January 10, 2013, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130219-2135
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 Scal of State, at my office on February 19, 2013.

ROSS MILLER Secretary of State 13 FEB 25 PM 3: 40