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PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
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SECRETARY FOR SINIE



#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: J&H Investment Solutions, 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:	
Karen M. McCue	
Name of Person	_
	_
Firm/Company	
117 Shady Oak Lane Address Ovjedo FZ 32765	_
Address	
Ovledo FC 32765	_
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	
E-man address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karen M. McCe at (407) 928-1763	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section New Filing Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status   \$78.75 Filing Fee & Certificate of Status   \$78.75 Filing Fee & Certificate of Status   Certified Copy   \$87.50 Filing Fee,	

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	EDIO	
1. <b>N</b> H	Investment Solutions, Inc.		
	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," rp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Florida) ‡	. 201
2 Normal	3	ರು 👼	C
(State or country u	nder the law of which it is incorporated)  (FEI number, if applicable)	8	7
1 9/25/	13 s Pernetual	12	70
(Date	of incorporation)  (Duration: Year corp. will cease to exist or "p	erpetua <u>l"</u> )	
	of incorporation) (Duration: Year corp. will cease to exist or "p	=	100
6.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	<del>ယ္</del> ဟူ	A CO
- 117 5	note Oak lone Duredo # 32765		17
/	(Principal office address)		
	, , ,		
-	(Current mailing address)		
8. Busine	ss Management		
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Karen M. McCie		
Office Address:	117 Stady Oak Lane		
	Ovedo, Florida 32765		
	(City) (Zip code)		
10 D			
10. Registered ag	ent's acceptance: ed as registered agent and to accept service of process for the above stated corporate	ion at the pl	ace
designated in this	application, I hereby accept the appointment as registered agent and agree to act in	this capaci	ity. I
	omply with the provisions of all statutes relative to the proper and complete perform with and accept the obligations of my position as registered agent.	ance of my	duties
	1		
<del></del> -	Haron M. Mcare	,	
	(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: Karen M. McCve
Address: 117 Shady Oak Lane
Ovjedo 12 32765
Vice Chairman:
Address:
Director: Karen M MCCue
Address: 117 Shady Oak Lane
Oviedo 1 32765
Director:
Address:
B. OFFICERS
President: Karen M McCoe
Address: 117 Shady Oak Lane
Duledo F. 32765
Vice President:
Address:
Addiess.
Secretary: Karen m mcve
Address: 117 Shady Oak Lane Ovedo FE 32765
Treasurer: Karen M McCve
Address: 117 Shady Oak Lane Oviedo Fe 32765
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Haven M. M. Care
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. Karen M. McCue

(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, **J&H INVESTMENT SOLUTIONS, 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 September 25, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

office on October 29, 2013.

SEAL OF THE SEAL O

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20131029-4821
You may verify this electronic certificate
online at http://www.nvsos.gov/