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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJI	ECT: Destiny Resort Solutions, Inc. Name of corporation - must include suffix
Dear Si	ir or Madam:
"Certifi	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," icate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please 1	return all correspondence concerning this matter to the following:
	<10, 10 d
	Steve Drummond Name of Person
	Destiny Resort-Solutions, Inc.
	· · ·
	435 Benning Dr. Address
~	Destin, Fl 32541 City/State and Zip code
	Steve @ destiny resorts.com E-mail address: (to be used for fixture annual report notification)
For fur	ther information concerning this matter, please call:
Stev	Name of Person at (U17, 593-9395 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enc lose	ed is a check for the following amount:
\$70.	.00 Filing Fee S 78.75 Filing Fee & S78.75 Filing Fee & S78.75 Filing Fee, Certificate of Status Certified Copy Certified Copy 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. Destiny Resort Solutions, The (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Vestiny Resorts
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. April 5 2013
5. Derpetual (Duration: Year corp. will cease to exist or "perpetual") 6. March 10, 2014 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1085 U.S. HWY98, Destin, Fla. 32541
(Principal office address)

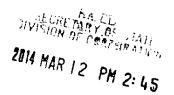
435 Benning dr Destin, Fla 32541
(Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address:)estin Florida 3254/ 10. Registered agent's 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.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Steve Drummond	
Address: 435 Benning dr. Destin, # 32541	
Vice Chairman: Erin Drummond	
Address: 435 Benning dr.	28
Address: To Senting Or.	A OCE
Destin F132541	
Director:	N 33
Address:	P 54.0
	2: -
Director:	<i>்</i> ச
Address:	
B. OFFICERS	
President: Steve Drummond	
Address: 435 Banning dr.	
Destin, Ela 3254/	
Vice President: Erin Drummond	
Address: 435 Benning d/ Destin, F1. 3254/	
7 Mulioss	
Secretary: Steve Drummond	
Address: 435 Benning dr Destin, F/3254/	
Treasurer: Erin Drummond	
Address: 435 Benning or Destin 17 32541	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction listing additional officers and listing additional offic	ectors.
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 S	
a third degree felony as provided for in s.817.155, F.S.	\rightarrow
14. Steve Orumone President (Typed or printed name and capacity of person signing application)	TO CE
(1) had or himmed imits any achaom of heroom official achimments.)	

STATE OF WYOMING Office of the Secretary of State



I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Destiny Resort Solutions, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 5, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000640983**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of March, 2014 at 1:25 PM. This certificate is assigned 015223524.



May Maffield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.