

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



500258003485

03/24/14--01038--005 \*\*70.00

14 MAR 24 PM 12: 47



## COVER LETTER

Division of Corporations	• •			
SUBJECT: FORTHWIT	H PROPERT	1 JOUNTI	2NS	Tuc
	Name of corporati			
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good St	anding" and chec		
Please return all correspondence KONNETA C. SA	UER,		ıg:	
FORTHUMA PROI	perry Socu	of Person  70NS  7	NC	
11911 5. US H	WYI	JUITE	201-	14
NORTH Parm	BEACH F	dress 33	408	
KENIC. SAUER	City/State  G Muil  I address: (to be use	e and Zip code  WM  d for future approx	l raport no	atification)
For further information concerning	,		ii report ne	mication
Name of Person		3 <u>216</u> ea Code & Daytim		
Hame of Ferson	,	a coac a bayan	io reiepiie	
STREET/COURIER A	DDRESS:		LING AD Filing Sec	
New Filing Section Division of Corporations			sion of Cor	
Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle		Box 6327 hassee, FL	. 32314
Enclosed is a check for the follow	ving amount:			
	75 Filing Fee & tificate of Status	\$78.75 Filing Certified Cop		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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

1. <u>7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7</u>	with PROPERTY JOUITO proporation; must include "INCORPORATED,	NUTULE ""COMPANY," "CORPORATION,"
"lnc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	- 15 C
(If name onavails	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florided
2. NEVADA		6
	under the law of which it is incorporated)	(FEI number, if applicable)
4. tebraa	ns 25, 2014 5.	HERPEDIAL ?
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6	(Date Gue Annua and Inc. 7	Theids (Carleda assistantia)
		n Florida, if prior to registration) 602, F.S., to determine penalty liability)
7. 11911	5. US Hwy 1	102, F.S., to determine penalty linbillity)  LET SUITE 201+14 NONTH PARMS  FL 33468  14 NORTH PARM BENCH FL 33408
	(Principal office addi	(ess) FL 33767
11911 30	US Huy 1 SUTE 201-	14 NORTH PALM BENCH FL 33408
•	(Current mailing add	ress)
REAL	ESTATE	
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
). Name and street	address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	Rusiness Filings Incorpo	roted
Office Address:	515 E. Park Avenue	<del></del>
Jinue Address.		
	Tollahassee (City)	Florida 3230 (
	/City)	
	(City)	(2-ip code)
10. Registered ag	ent's acceptance:	and procure for the above stated corporation at the place
Inving been name lesignated in this o	ent's acceptance: d as registered agent and to accept servic application, I hereby accept the appointm	ce of process for the above stated corporation at the place sent as registered agent and agree to act in this capacity. I
laving been name lesignated in this d arther agree to co	ent's acceptance: d as registered agent and to accept servic application, I hereby accept the appointm	ent as registered agent and agree to act in this capacity. I claive to the proper and complete performance of my duties,

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: Hor 174 Director: Address: B. OFFICERS Vice President: Address: Secretary: 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 MISUNETH

(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, **FORTHWITH PROPERTY 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 February 25, 2014, and is in good standing in this state.

TO SERVICE OF THE PARTY OF THE

Electronic Certificate
Certificate Number: C20140319-3439
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 March 19, 2014.

ROSS MILLER Secretary of State