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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

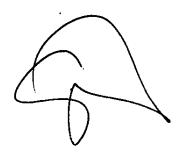
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1.	Short Stack Ventures, Inc	
(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")	THE STATE OF THE PARTY OF THE P
, , ,		
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	ey
	Nevada 3	E
(State or country	under the law of which it is incorporated) (FEI number, if applicable)	ထု
4. 04	109/2014 5. Perpetual Ouration: Year corp. will cease to exist or "perpetual")	59
(Date	e of incorporation) Turation: Year corp. will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	236 LARGOVISTA DR OAKLAND, FL 34787	
· · ·	(Principal office address)	
•	(Current mailing address)	
, Rea	al Estate management.	
(Purpose(s	s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Business Flyngs Incorporated	
Office Address:	515 E. Park Avenue	
	Tallahasse , Florida 3336 \ (City) (Zip code)	
Having been nam designated in this further agree to c	gent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the pla s application, I hereby accept the appointment as registered agent and agree to act in this capacit comply with the provisions of all statutes relative to the proper and complete performance of my a r with and accept the obligations of my position as registered agent.	ty. I
	ato Maria Rido Assista & Savotaga	

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)

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Short	Stack Ventures, Inc
· · · · · · · · · · · · · · · · · · ·	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m.	natter to the following:
18 70177	Woods THOMPS E WOODS JE
Name	e of Person
	/Company
A	VISTA Drz Address
	FL 34787
	ate and Zip code
tewoods;	Seed for future annual report notification)
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Name of Person A	97 361-4593
Name of Person A	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Sertificate of Status & Certified Copy

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: INDIAS E WOODS JE	
Address: 236 Lancoverta Dr	
Onclavo, FL 34787	•
Vice Chairman;	
Address:	
Director: THOMAS E WOODS JR	
Address: 22C Caperova STA Dr.	
Onclows, FL 34787	
Director	
Director:	
Address:	
D. ORWOODS	
B. OFFICERS	
President: Tribunes & Woods Ja	
Address: 226 LARGOVASTA Th	
Omelowo, R 34787	
Vice President:	
Address:	
Secretary: Tutonas E Woords The	
Address: Daco Larcoursta De Obelano, FL 34787	
Treasurer: I HOMES E WOERS FR	
Address: 226 LARCOURSTA DR. OMELAND, FL 34787	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. There is the state of the s	
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 are true and that he or she is aware that false information submitted in a document to the Department of State con	
third degree felony as provided for in s.817.155, F.S.	
14. Tom Woods, President	***************************************
(Typed or printed name and capacity of person signing application)	
I HOWE > C COURS JE	

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, SHORT STACK VENTURES, 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 April 9, 2014, and is in good standing in this state.

office on May 2, 2014.

ROSS MILLER

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

Secretary of State

Electronic Certificate
Certificate Number: C20140502-3262
You may verify this electronic certificate
online at http://www.nvsos.gov/