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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

National Real Estate Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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## COVER LETTER

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TO: New Filing Sea			
SUBJECT: NATION	ia <mark>l re</mark> al estate soluti	ONS	
SUBJECT:	Name of corpora	ntion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existent	tion by Foreign Corporation te," or "Certificate of Good on corporation to transact bu	Standing" and check are su	
Please return all cornes	pondence concerning this m	atter to the following:	
Madonna	Cuddiby		
		e of Person	
C T Corporation System			
	Fine/	Company	
1200 South Pine Island R	ond		
<del></del>		ddress	
Plantation FL 33324			
	City/Sta	te and Zip code	
CT-Statecommunications	@wolterskluwer.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, ples	se call:	
Bradley S. Gray	at ( 855	554-6737	
Name of Perso	n Ar	es Code & Daytime Teleph	ione Number
STREET/COU New Filing Sec Division of Con Clifton Building 2661 Executive Taliahassee, FL	porations 3 Center Circle	MAILING A New Filing Se Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & 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.

"Inc.," "Co.," "Corp."	*inc," "Co," or "Corp.")		
(If name unavailable i	n Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
California	3	. <u> 26-44793</u>	<u> </u>
(State or country und	er the law of which it is incorporated)	(FEI number, if ap	plicable)
1. 3/6/2009		perpotual	
(Date of in	corporation)	(Duration: Year corp. will cease to	exist or "perpensal")
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabilit	ny)
299 W. Hillcrest Drive	Suite 117 Thousand Oaks CA 91360		
200 W Billowert Prince	(Principal office add Suite 117 Thousand Oaks CA 91360	ircss)	
297 W. Mulciest Dilve	(Current mailing add	free)	<u> </u>
. Name and <u>street add</u>	ress of Florida registered agent: (P. C T Corporation System	O. Box <u>NOT</u> acceptable)	JUL 10
ffice Address:	1200 South Pine Island Road		
	Plantation	, Florida	\$₩ <b>%</b>
	(City)	(Zip code)	ထ
Registered agent's	registered agent and to accept serv. cation, I hereby accept the appoints	ment as registered agent and agre	e to act in this capacity. I
esignated in this appli orther agree to comply	with the provisions of all statutes t ar with and accept the obligations o		

10. 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.

	ECTORS	
helman	Brian D. Mingham	
ddress:	299 W Hillcrest Drive, Suite 117, Thousand Oaks, CA 91360	
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рш <b>с</b> 55.		
OFF	•	
esident:	Brian D. Mingham	<u> </u>
ddress:	299 W Hillicrest Drive, Suite 117, Thousand Oaks, CA 91360	
ce Presi	iens: Bradley S. Gray	
	299 w Hillcrest Drive, Suite 117, Thousand Oak	
cretary:		
kiness: .		<del>,</del>
	<del></del>	· — — — · · · · · · · · · · · · · · · ·
idress: .		
OTE: I	necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
true ar hird de	Signature of Director of Officer or of director signing this document (and who is listed in number 12 above) affirm d that he or she is aware that false information submitted in a document to the Direct felony as provided for in s.817.155, F.S.	ns that the facts stated herein epartment of State constitutes
Brian	D. Mingham, President	<del></del>
	(Typed or printed name and capacity of person signing application	)

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL REAL ESTATE SOLUTIONS

FILE NUMBER: FORMATION DATE:

TYPE:

C3202933 03/06/2009 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 03, 2014.

**DEBRA BOWEN** Secretary of State