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(Re	equestor's Name)	, ,
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

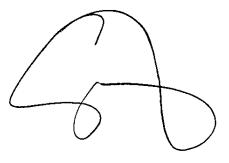
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SECRETARY OF STATE
AND ASSECTED TO THE PROPERTY OF STATE OF STATE



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Right House Solutions Group, TNC 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:
Steven E. Wright Name of Person
Name of Person
Firm/Company
3513 Gatlin Place Circle Address
Orlando, Florida 32812 City/State and Zip code
City/State and Zip code
Sewright 63e att. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven E. Wright at (407) 406-4406 Name of Person 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 & Certificate of Status & Certified Copy

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

(Enter name of co	House Solutions Group, INC proporation; must include "INCORPORATED," "CON prp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"			
(If name unavail:	ble in Florida, enter alternate corporate name adopted	for the purpose of transacting bus	iness in F	lorida)	,
. Nevad	•	46-5490997			
	inder the law of which it is incorporated)	(FEI number, if applicabl	e)		
	21/14 5. (Dura	rion: Year corp. will cease to exist	or "perpe	tual")	
),	Upon Registration				•
	(Date first transacted business in Florid (SEE SECTIONS 607.1501 & 607.1502, F.S.				
. 3513 Gat	in Place Circle Orlando, Florida (Principal office address)	32812			-
		0.0011			
35/3 Gat	in Place Circle Orlando, Florid (Current mailing address)	a 3d812			-
Gonomi	Management Consulting Servi	reC	SECR	2014 JU	
(Purpose(s) of corporation authorized in home state or country to	o be carried out in state of Florida)	ASA ASA	~~~	
. Name and street	t address of Florida registered agent: (P.O. Box	NOT acceptable)	RY O	22 P	LED
Name:	Business Filings Incorpore	frg	FST	PH 5:	O
Office Address:	515 E. Park Avenue		ATE RIDS	5	
		Florida <u>3236\</u>			
	(City)	(Zip code)			

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Vice Chairman: Address: Director: Steven E Wright Address: 3513 Gathin Place Cirle Orlando, Florida, 32812 Director: **B. OFFICERS** President: Steven E. Wright Address: 3513 Gatlin Place Circle Orlando, Florida 32812 Vice President: Address: Secretary: Steven E. Wright Address: 3513 Gattin Place Circle Orlando Florida 328/2 Treasurer: Steven E. Wright Address: 3513 Battin Place Circle Orlando, Florida 32812 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Sturn Eto 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. Steven E. Wright, Director
(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, RIGHT HOUSE SOLUTIONS GROUP, 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 21, 2014, and is in good standing in this state.

OF AL OF THE OF

Electronic Certificate
Certificate Number: C20140515-3000
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 May 15, 2014.

ROSS MILLER Secretary of State