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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: PILAR Home Investments, Inc. Name of corporation - must include suffix				
Addition of corporation mass morage summ				
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:				
John Monge				
Pillar Home Investments, Inc.				
rillae some Livestments, Inc.				
Firm/Company				
4842 Yacht BASW DR.				
\vartage \tau_1 \tau_2 \t				
JACKSONVILLO, FL 32225				
City/State and Zip code				
City/State and Zip code john@ DillARhome invastments. com JE-mail address (to be used for future annual report notification)				
E-mail address (to be used for future annual report notification)				
For further information concerning this matter, please call:				
1 of further interior concerning this matter, pieuse out.				
Name of Person at (9/4) 996-7000 Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
New Filing Section New Filing Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,				
Certificate of Status Certified Copy Certificate of Status &				

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") (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) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) (Current mailing address) Name: Developer Address: BS9 North ST. (City) (Zip code)	ANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. APL Horne Inimstructor, Inc.
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Development, Loc.	e of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," .," "Corp," "Inc," "Co," or "Corp.")
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address) Name: Pavenual Peveropment, Inc.	470 10 14
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4842 4842 4843 (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Parenual Settlement for the period of	country under the law of which it is incorporated) (FEI number, if applicable)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4847	10/3/14 5. Perpetus/
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4847	
Warner Park Persophent, Tree.	(Date first transacted business in Florida, if prior to registration)
(Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Development, Foc.	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Parenua Peristopment, Fac.	(Principal office address)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pacenna Peristopment, Fac.	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pacenua Peuropment, Fac.	(Current mailing address)
Name: PAKENNA PEVEROPMENT, FAC.	
Can Maril ST	and the second s
aga Marri ST	The state of the s
Jerson Je	aga Marri ST
(City), Florida 3211 (Zip code)	SS. DET INDICA ST.
(City) (Zip code)	JAXSONVELLE, Florida 3211 (Zin code)
	(City) (Zip tode)
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.	named as registered agent and to accept service of process for the above stated corporation at the plac In this application, I hereby accept the appointment as registered agent and agree to act in this capacity. The eto comply with the provisions of all statutes relative to the proper and complete performance of my
MA All (Registered agent's signature)	Ma Alle

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: John Alonge	
Address: 4342 YACht SAS	in TR.
Jacksonville, FL	IN DR.
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	<u> </u>
B. OFFICERS	
President: John Alonge Address: 4842 Yacht Basin	
117 1/1 F	70 - 10 1/2 5/
Address: 407L YAENT PASIN	ACTIONVILLE FL 33735
Vice President:	
Address:	
Secretary: John Alonge	
Address: 4842 YACH BASW DR	JACKSONVILLE, FL 32225
Treasurer: John Almer	7
Address: 4847 YACH RASINDA, J	refraville ft 77275
~ ~ ~	
NOTE: If necessary, you may attach an addendum to the applica	tion listing additional officers and/or directors.
12. 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 submitte a third degree felony as provided for in s.817.155, F.S.	in a document to the Department of State constitutes
13. John Alorese	- Hasiday +
(Typed or printed name and capacity of p	erson 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, PILLAR HOME INVESTMENTS, 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 October 3, 2014, and is in good standing in this state.

ROSS MILLER

office on October 17, 2014.

Electronic Certificate Certificate Number: C20141017-1714 You may verify this electronic certificate online at http://www.nvsos.gov/

Secretary of State

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