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| (R                                      | requestor's Name)     |        |  |  |
|---|-----------------------|--------|--|--|
| (Address)                               |                       |        |  |  |
| (A                                      | ddress)               |        |  |  |
| (City/State/Zip/Phone #)                |                       |        |  |  |
| PICK-UP                                 | WAIT                  | MAIL   |  |  |
| (B                                      | lusiness Entity Name) |        |  |  |
| (Document Number)                       |                       |        |  |  |
| Certified Copies                        | Certificates of       | Status |  |  |
| Special Instructions to Filing Officer: |                       |        |  |  |
|   |                       |        |  |  |
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### **COVER LETTER**

| TO: New Filing Sec<br>Division of Co              |   |  |  |
|---|---|--|--|
| subject: <u>PALM</u>                              | ORANGE PROPERTY:  | SOLUTIONS, TNC   | ORPORATED  |
| Dear Sir or Madam:                                |   |  |  |
| "Certificate of Existen                           | tion by Foreign Corporation f<br>ce," or "Certificate of Good S<br>gn corporation to transact bus | tanding" and check are sub-  |  |
| Please return all corres                          | pondence concerning this ma   | tter to the following:   |  |
|   | JAQUANDA S  | MITH<br>of Person  |  |
| Ī   |   | TRTY SOLUTIONS, ompany   | Tric   |
| 2203 Lake de                                      | bradr. Aptil8 O   | rlando FL 32835<br>Idress  | · · · · · · · · · · · · · · · · · · ·                              |
|   |   | lo FL 32835<br>e and Zip code  |  |
|   | A QUANDASMITH<br>E-mail address: (to be use   | POPS@(SMATLC   | OM_<br>otification)  |
| For further informatio                            | n concerning this matter, pleas   | se call:   |  |
| Jaquanda Sn<br>Name of Pers                       | on at (56   | ea Code & Daytime Telepho  | one Number   |
| New Filing Se<br>Division of Co<br>Clifton Buildi | orporations<br>ng<br>re Center Circle   | MAILING AND New Filing Se Division of Control P.O. Box 6327 Tallahassee, F | ction<br>orporations   |
| Enclosed is a check for                           | r the following amount:   |  |  |
| \$70.00 Filing Fee                                | ☐ \$78.75 Filing Fee & Certificate of Status  | □ \$78.75 Filing Fee & Certified Copy                                      | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>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. (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) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) APTIIR. ORLANDO FL 32835 (Principal office address) (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 515 E. Park Avenue Office Address: Tallahassee (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

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.

(Registered agent's signature)

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

| A. DIRECTORS   |   |
|--|---|
| Chairman: Jaquanda Smith                                     |   |
| Address: 2203 Laile Debra Dr. Apt 118                        | Collando FL 32835   |
| Vice Chairman:   |   |
| Address:   |   |
| Director:  |   |
| Address:   |   |
|  |   |
| Director:  |   |
| Address:   |   |
| B. OFFICERS  |   |
| President: Jaquanda Smith                                    |   |
| Address: 2203 Lake Debra Dr. Apt 1)                          | 8, Orlando FL 32835   |
| Vice President:  |   |
|  |   |
|  |   |
| Q=  S=   |   |
| Address: 2203 Lake Orbra D. Apt 118,                         | Urlando FL 32835  |
| Treasurer: Jaquanda Smith                                    |   |
| Address: 2203 Lake Deba Dr. Apt                              | 118, Orlando HL 32835   |
| NOTE: If necessary, you may attach an addengum to the a      |   |
| 12. Signature of Di  | rector or Officer   |
| The officer or director signing this document (and who is li | sted in number 12 above) affirms that the facts stated herein abmitted in a document to the Department of State constitutes |
| 13. JADUANDA SMITH, PREST                                    | DENIT   |

(Typed or printed name and capacity of person signing application)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2014

JAQUANDA SMITH 2203 LAKE DEBRA DR. APT 118 ORLANDO, FL 32835

SUBJECT: PALM ORANGE PROPERTY SOLUTIONS, INC.

Ref. Number: W14000065394

We have received your document for PALM ORANGE PROPERTY SOLUTIONS, INC.. However, the document has not been filed and is being returned for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney Regulatory Specialist II

Letter Number: 214A00023048

SECRETARY OF SIME

www.sunbiz.org

Division of Comparations DO DOV 6997 Wellaharras Florida 9991

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, PALM ORANGE 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 September 9, 2014, and is in good standing in this state.

OF THE STATE OF TH

Electronic Certificate
Certificate Number: C20141017-1714
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 October 17, 2014.

ROSS MILLER Secretary of State