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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

WIYWW Coffice Use Only

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2014

ARELIS SANTANA TRIOSE PROPERTY SOLUTIONS INC 4401 SW 63 AVE MIAMI, FL 33155

SUBJECT: TRIOSE PROPERTY SOLUTIONS INC.

Ref. Number: W14000065682

We have received your document for TRIOSE PROPERTY SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Letter Number: 714A00023137

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Triose roperty Solutions Jac.  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:  Are lis Santana
Arelis Santana  Name of Person  TRIOSE Property Solutions Inc.  Firm/Company
4401 SW 63 Ave.
Migni, Fl. 33155
City/State and Zip code
City/State and Zip code  Trioseproperty Solution Secmal. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arelis Santana at 305 281-8461  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  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 &  Certificate of Status  \$78.75 Filing Fee &  Certificate of Status  \$87.50 Filing Fee,  Certificate of Status &  Certified Copy

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

REGISTER A FO	TE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED DREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. TE Proper fy Solufi'd NS FLO	TO	
	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Corp," "Inc," "Co," or "Corp.")		
(If name unavai	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	orida)	
2. Neur	9DA 3		
(State or count	ry under the law of which it is incorporated) (FEI number, if applicable)		
4. // (Dat	6 of incorporation)  5. VerpetVal  (Duration: Year corp. will cease to exist or "perpet	ual")	
		,	
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 4401	SW 63 Ave. Migni, Fl. 33155		
/ <del>7_7</del> _7_	(Principal office address)		
	(Current mailing address)		<u> </u>
		基	<b>158</b>
8. Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)	NON I	AND COM
Name:	Arelis Santana	نـــا	- 1977 1977
Office Address:	4401 SW 63 AVR.	W IO:	22 27 24 24 CS
	Mignell, Florida 33155	<u>ب</u> ج	44 - 44 - 44 - 44 - 44 - 44
	(City) (Zip code)	- C33 - C33	7)
9. Registered ag	ent's acceptance:		
Having been nan	ned as registered agent and to accept service of process for the above stated corporation (		
	s application, I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete performanc		ty. I
	familiar with and accept the obligations of my position as registered agent.	c oj my	
	(Da Lacea		
_	(Registered agent's signature)		

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: Arelis Santaná	
Address: 4401 SW 63 AVR.	
Minni, Fl. 33155	
Vice Chairman:	
Address:	
Director: Arelis Santana	
Address: 4401 SW 63 AVR.	
MIANI F1. 33/55	
Director:	a #
Address:	10.7
B. OFFICERS	(i.e.)
President: Hrells Santana	5 ==
$\sim$ 1 $\sim$ 1	98 S
MIANI Fl. 33155	
Vice President:	
Address:	
Secretary: Arelis Santana	
Address: 4401 SW 63 AVR. MIANI, El. 33155	<b>-</b>
Treasurer: Arelis Santana	
Address: 4401 SW 63 Ave. MIAMI, II. 33155	
NOTE: If pecessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. a Daefall a	
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 con	
a third degree felony as provided for in \$817.155, F.S.	
(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, **TRIOSE 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 24, 2014, and is in good standing in this state.

THE OF TH

Electronic Certificate
Certificate Number: C20141022-1836
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 22, 2014.

ROSS MILLER Secretary of State