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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
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(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY CESTAIR
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12/4/14

COVER LETTER

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	Filing Sect								
SUBJECT:	REST	ASHORE	MOH C	ES, II	NC				
SUBJECT.	***				nclude suffix		••		
Dear Sir or N	∕ladam:								
"Certificate of	of Existence	on by Foreign Corp e," or "Certificate on a corporation to trai	f Good Stand	ding" an	d check are sub			,"	
Please return	all corresp	ondence concerning	g this matter	to the fo	llowing:				
PHILLI	P HOLI	LOWAY							
			Name of F	erson					
REST A	ASHOF	RED HOME	S, INC						
			Firm/Comp	oany					
20383 /	ANDO	VER AVEN	JE						
PORT (CHARL	OTTE, FL	Addre 33954	SS					
			City/State an	d Zip co	ode				
P.HOLL	OWAY(@COMCAST							
		E-mail address: (to be used for	or future	annual report r	notification)			
For further in	rformation (concerning this mat	ter, please c	all:					
PHILLI	P HOLI	LOWAY at	941	₎ 661	1 0366				
Nan	ne of Person	1	Area C	Code & D	Daytime Teleph	one Number	产贸	14	
							語		•••
New Divis Clift 2661	Filing Sect sion of Corp on Building	oorations S Center Circle			MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations	ARK OF STATE USES, FLOADA	3 PM 1 21	
Enclosed is a	check for t	the following amou	nt:						
■ \$70.00 Fi	ling Fee	□ \$78.75 Filing Certificate of			Filing Fee & ed Copy		Filing F cate of S ed Copy	tatus	&

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.

	lable in Florida, enter alternate corporate name		business in Florida)
NEVADA		47-2313936	
9/4/2014	ry under the law of which it is incorporated)	(FEI number, if appl	(cable)
	e of incorporation)	(Duration: Year corp. will cease to e	cist or "perpetual")
20383 AN	(Principal office add DOVER AVENUE PORT C (Current mailing add	HARLOTTE, FL 33954	
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	711717 731777 731777 731777
Name:	BUSINESS FILINGS INCORPORAT	TED	
ice Address:	515 E. PARK AVENUE		ω
	TALLAHASSEE	, Florida 32301	
	(City)	(Zip code)	學問 2
ing been nam	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above stated c tent as registered agent and agree tlative to the proper and complete	to act in this capacit

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:	FILED
A. DIRECTORS	14 DEC -3 PM 1: 21
Chairman:	SECRETACY OF STATE TALLAMASOES, FLORDA
Address:	TALLAHASOEE, FLORIDA
Vice Chairman:	
Address:	
Director: PHILLIP HOLLOWAY	
20383 ANDOVER AVENUE PORT CHARLOTTE,	FL 33954
Director:	
Address:	
B. OFFICERS	
President: PHILLIP HOLLOWAY	
Address: 20383 ANDOVER AVENUE PORT CHARLOTTE,	FL 33954
Vice President:	
Address:	
Secretary: ALAINA PARABAK	
Address: 20383 ANDOVER AVENUE PORT CHARLOTTE,	FL 33954
Treasurer: PHILLIP HOLLOWAY	
Address: 20383 ANDOVER AVENUE PORT CHARLOTTE,	FL 33954
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
12.	incols and of anotors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affi are true and that he or she is aware that false information submitted in a document to the	
a third degree felony as provided for in s.817.155, F.S.	•
13. Phillip Hollowan (Typed or printed name and capacity of person signing applicati	
(Typed or printed name and capacity of person signing applicati	on)



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, **REST ASHORED HOMES**, **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 4, 2014, and is in good standing in this state.

AL OF THE STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 4, 2014.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20141104-2440
You may verify this electronic certificate
online at http://www.nvsos.gov/

FILED

14 DEC -3 MI I: 21

SECRETARISSES FORMS