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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SEPREMARY FLORIDGE

COVER LETTER

TO:	New Filing Sec Division of Co	rporations			
SUBJ	ECT:	NESA SOL	υT	ions, Inc.	
		Name of corpor	ation	- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existence	tion by Foreign Corporatione," or "Certificate of Good en corporation to transact b	l Stan	ding" and check are sub	
Please	return all corresp	oondence concerning this r	natter	to the following:	
	NEIL	SALEM			
	//2/-	Nan	ne of	Person	
	1/55	- SALEM Nan A SOLUTION	ر ا	TNC.	
-	14201	Firm	/Com	pany	
	9350	Soury Div	سعار	Hwy Sut	x 200
		South Dir	Addre	ess	
	Mis	41 FL. 3 City/Si	3/	56	
		City/St	ate a	nd Zip code	
		E-mail address: (to be	ised f	or future annual report i	notification)
For fur	ther information	concerning this matter, ple	ease c	all:	
/4.	ELA.ER VA	in Der Veckat (3)	>5	748 -457	6
•	Name of Perso	n A	Area (Code & Daytime Telepho	one 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		
Enclose	ed is a check for	the following amount:			
A \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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) 2. State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. Dec 30, 2014

(Date of incorporation)

5. Perpetuse

(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) 9350 South Dixie Hwy Suite 200 Minniel 33156

(Principal office address)

9350 South Dixie Hwy Suite 200, Minniel 33156

(Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 9350 SOUTH DIXLE HWY SUITE 200

MIRMI , Florida 33/56

(City) (Zip code) Office Address: 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: NEIL SALEM
Chairman: NEIL SALEM Address: 9350 SOUTH DIXIE Huy. SUITE 200 MIDNI FL 33156
Vice Chairman: HELMEN VAN DEN VEER
Address: 9350 SOUTH DIXIE HWY SUITE 200, MINNI FL 33156
Director:
Address:
Director:
Address:
B. OFFICERS
President: NEIL SALEM Address: 9350 SOUTH DIXIE HWY Suite 200, MIAMI FL 33150
Vice President: HELMEN VAN DEN VEEN
Address: 9350 SOUTH DIXIE HWY. SVITE 200, MIAMI, FL 33150
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
13 NEIL SALEM C.E.O

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NESA SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015.

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DATE: 02-25-15 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 2148563