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COVER LETTER

TO:	New Filing Section		
	Division of Corporations		

SUBJECT: Adaptive Eco Solutions, Inc.

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:

Brenda Hamilton, Esq.

Name of Person

Hamilton & Associates Law Group, P.A.

Firm/Company

101 Plaza Real, South, Suite 202 N

Address

Boca Raton, Florida 33432

City/State and Zip code

bhamilton@securitieslawyer101.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Hamilton, Esq at 561-416-8956
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filing Section Division of Corporations P.O. Box 6327

MAILING ADDRESS:

Tallahassee, FL 32314

Enclosed is a check for the following amount:

X \$70.00 Filing Fee

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.

I. Adaptive Eco	o Solutions, Inc. corporation; must include "INCORPORATED) " "COMPANY." "CORPORATION."	
	orp," "Inc," "Co," or "Corp.")	, committy, conditions,	
N/A			
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Florida)
2. Delaware	3.		
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 3/12/15	5	Perpetual	
		(Duration: Year corp. will cease to exist or "	perpetual")
C NI/A			
6. <u>N/A</u>	(Date first transacted business	in Florida, if prior to registration)	
		1502, F.S., to determine penalty liability)	AAR
7 1771IS Highw	ay 1, Suite 238, Jupiter Florida 33469		25
(Principal office address)		dress)	MAR 25 PH 1: 20
	(Current mailing ad	dress)	
	(**************************************		1:20
8 Name and stree	et address of Florida registered agent: (P.	O Box NOT acceptable)	
5	or round rogistored agent. (r.		
Name:	Roderick McClain		
Office Address:	177 US Highway 1, Suite 238		
	Jupiter, Florida	33469	
	(City)	(Zip code)	
O Posistavad as			
	ent's acceptance: ned as registered agent and to accept ser	vice of process for the above stated corpora	ition at the place
designated in this	application, I hereby accept the appoin	tment as registered agent and agree to act i	n this capacity.
further agree to o	comply with the provisions of all statutes familiar with and accept the obligations	relative to the proper and complete perform	nance of my
aunes, ana 1 am j	amiliar with and accept the obligations	oj my position us registereu ugent.	
X	(Xrla. IV	10 c/e	
~_	(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: Roderick McClain Address: 177 US Highway 1, Suite 238, Jupiter Florida 33469 Vice Chairman: Address: Director: Director: Address: **B. OFFICERS** President: Roderick McClain Address: 177 US Highway 1, Suite 238, Jupiter Florida 33469 Vice President: Roderick McClain Address: 177 US Highway 1, Suite 238, Jupiter Florida 33469 Secretary: Roderick McClain Address: 177 US Highway 1, Suite 238, Jupiter Florida 33469 Treasurer: Roderick McClain Address: 177 US Highway 1, Suite 238, Jupiter Florida 33469 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Delaware

PAGE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADAPTIVE ECO 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 NINETEENTH DAY OF

MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAPTIVE ECO SOLUTIONS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH,

A.D. 2015.

5709183 8300

150378535

AUTHENTICATION: 2216842

DATE: 03-19-15

You may verify this certificate online at corp.delaware.gov/authver.shtml