F15000001381

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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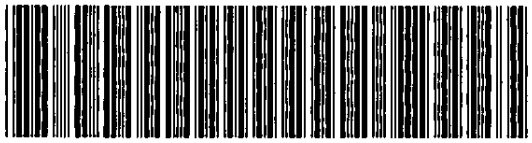
W15000018708

APR 02 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2015

MICHAEL J. BURNETT
PROPERTY ALLIES, INC.
715 E LIME ST, APT 610
TARPON SPRINGS, FL 34689

SUBJECT: PROPERTY ALLIES, INC
Ref. Number: W15000018708

We have received your document for PROPERTY ALLIES, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 315A00005317

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Property Allies, LLC
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:

Michael J. Burnett
Name of Person

Property Allies, LLC.
Firm/Company

715 E. Lime St. Apt 610
Address

Tarpon Springs, FL. 34689
City/State and Zip code

propertyAllies1LLC@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Burnett at (727) 331-5486
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

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 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.

1. Property Allies, Inc.
(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. Nevada (State or country under the law of which it is incorporated)

3. 46-3090465 (FEI number, if applicable)

4. June 10, 2013 (Date of incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 715 E. Lime St. Apt 610 - Tarpon Springs, FL. 34689
(Principal office address)

715 E Lime St. Apt 610 - Tarpon Springs, FL. 34689
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael J. Burnett

Office Address: 715 E. Lime St. Apt 610

Tarpon Springs, (City), Florida 34689 (Zip code)

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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.

Michael J. Burnett
(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: Michael J. Burnett

Address: 715 E. Lime St. Apt 610
Tarpon Springs, FL 34689

Vice Chairman: Michael J. Burnett

Address: 715 E Lime St Apt 610
Tarpon Springs, FL. 34688

Director: Michael J. Burnett

Address: 715 E Lime St. Apt 610
Tarpon Springs FL. 34688

Director: Michael J. Burnett

Address: 715 E Lime St. Apt 610
Tarpon Springs FL. 34688

B. OFFICERS

President: Michael J. Burnett

Address: 715 E. Lime St Apt 610
Tarpon Springs, FL. 34689

Vice President: Michael J. Burnett

Address: 715 E Lime St Apt 610
Tarpon Springs, FL. 34689

Secretary: Michael J. Burnett

Address: 715 E Lime St Apt 610 - Tarpon Springs, FL 34689

Treasurer: Tarpo Michael J. Burnett

Address: 715 E Lime St. Apt 610 - Tarpon Spring, FL 34689

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. MICHAEL J BURNETT - Director, Officer, Chairman, etc
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **PROPERTY ALLIES, 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 June 10, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 6, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150306-1460
You may verify this electronic certificate online at **http://www.nvsos.gov/**