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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATION

x 04/24/15

COVER LETTER

TO:		Filing Second on of Con		s						
SUBJI	ECT:	GRE	EN D	OOR	PRO	PE	RTY	SOLUT	101	NS, INC
				Name	of corpora	ation	- must i	nclude suffix		
Dear S	ir or M	adam:								
"Certif	icate of	Existenc	e," or "C	ertificate		Stan	ding" ar	nd check are s		dusiness in Florida," ted to register the
Please	return ;	ill corresp	ondence	concerni	ing this m	atter	to the fo	ollowing:		
THO	AMC	S WH	IITE	•						
							Person			
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						sed f	or future	annual repor	t noti	fication)
For furt	ther inf	ormation	concerni	ng this m	atter, plea	ase c	all:			
THO	AMC	S WH	IITE		at (646	3	24	4 2591		
	Name	of Perso	n		Ai	rea C	Code & I	Daytime Telep	phone	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 c	heck for	the follo	wing amo	unt:					
⑤ \$70.	.00 Fili	ng Fee		.75 Filing tificate o				Filing Fee & ed 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.

	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
!	y under the law of which it is incorporated) (FEI number, if applicable)	
	1 -11 / 000	
	-1	
(Date	of incorporation) (Duration: Year chip, will cease to exist or "perpetual")	
	(Date first transacted business in Flotida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty limbility)	
	Brigging of the address?	
	527 N. Birch Rd Ft Louderdole FL 33304 (Principal office address) 527 N. Birch Rd Ft Louderdole FL 33304	
	(Current mailing address)	5
	A the CM it is a part of the North Aller	
and stree	et address of Florida registered agent. (P.O. Box NOT acceptable)	APR
Name:	Business Filings Incorporated	\sim
ddress:	515 E. Park Avenue	0
duress.	- And the second of the second	AM II: 30
	Tallahassee , Florida 32301	

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. 1 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.

Why Jo Spalinger, Asst. Secretary (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: __ Address: _ Vice Chairman: ___ Address: _ Director: THOMAS WHITE 527 N. BIRCH RD #9 **FT LAUDERDALE B. OFFICERS** President: THOMAS WHITE Address: 527 N. BIRCH RD #9 FT LAUDERDALE FL 33304 Vice President: Address: THOMAS WHITE Address: 527 N. BIRCH RD #9 FT LAUDERDALE FL 33304 Treasurer: THOMAS WHITE 527 N. BIRCH RD #9 FT LAUDERDALE FL 33304 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. 13. THOMAS WHITE, PRESIDENT

SECRETARY OF STATE



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, GREEN DOOR 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 February 24, 2015, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 20, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate

Certificate Number: C20150320-0923 You may verify this electronic certificate online at http://www.nvsos.gov/