#F/5000002866

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)
PICK-UP	WAIT	MAIL '
(Busir	ness Entity Name)
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fil	ing Officer:	
F		

Office Use Only



800274268428

06/26/15--01002--013 **70.00

2015 JUN 25 PM 2: 48

K.SALY EXAMINER JUL -1 2015

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: North Bay Property Solutions, Inc.		
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:		
Name of Person		
Name of Person		
Firm/Company		
900 MOCKING BIRD LASE		
1 iddi Caa		
PLANTATION, FL 33324 City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (954) 305-8256 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 Securificate of Status Status Status Securificate of Status Securificate		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

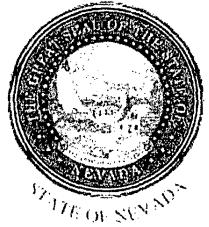
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. NORTH Bay TROPERTY Solutions, Tuc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PLANTATION, Florida 33324
(City) (Zip code) Name: 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)

1. Names and business addresses of officers and/or directors:	FILED
a., DIRECTORS	
Chairman:	2015 JUH 26 PH 2:
address:	TALL AFASSEF, FLORI
lice Chairman:	
address:	
Director: Davald Wilsol	
Address: 900 MOCKINGBIAD LAWE PLANTATION, FI	. 33324
Director: LAURA WILSON	
Address: 900 Mocking BIRD LONE Prantation, Fi	33324_
B. OFFICERS	
resident: Denald WILSON	
address: 900 Mocking BIRD LANE PLANTATION, FL	33324
/ice President:	
.ddress:	
ecretary: LAURA WILSON	
	33324
reasurer: LAURA WILSON	•
Address: 900 MOCKINGBIRD LANE PRANTATION, FL	33324
	£
NOTE: If necessary, you may attach an addendum to the application listing additional of	ncers and/or directors.

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, NORTH BAY 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 May 13, 2015, 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 June 5, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150605-1874
You may verify this electronic certificate
online at http://www.nvsos.gov/