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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SEASIDE HOME SOUTIONS, 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:
JAMES P. MILLER Name of Person
Name of Person
Firm/Company
Address RIVIERA BEACH, FL. 33404 ASA City/State and Zip code
PULLED GOOD CO 33401 PT F
EIVIERA BEACH, FL. 33404 SE
City/State and Zip code
City/State and Zip code UNDRUMMER & YAHOO, COM E-mail address: (to be used for future annual report notification):
On; —
For further information concerning this matter, please call:
TAMES R. MILLER at (772) 341-1785 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 Sectificate of Status Sectified Copy S78.75 Filing Fee Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy S87.50 Filing Fee, Certified Copy S87.5

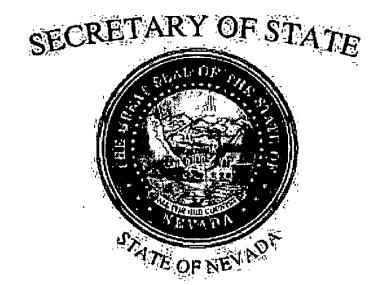
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. SEASIDE HOME SOLUTIONS, 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) NEVADA (FEI number, if applicable) (State or country under the law of which it is incorporated) 05 - 28 - 2015 5. (Date of incorporation) (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) (Principal office address) (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 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. (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: JAMES R. MILLER
Address: 3040 LAKE SHOPE DR UNIT 804
RIVIERA BEACH, FL 33404
Director: Marsha P Miller
Address: 3040 Lake Shoke Drive Unit 804
Riviera Beach, FL 33404 🕏 🗸 💌
R OFFICERS
President: James R. Miller
Address: 3040 Lake Shorle Dr. Unit 804 Mis ~
Riviera Beach, Fl 33404 55 - 0
Vice President:
Address:
Secretary: Marska P Miller
Address: 3040 Lake Shore Dr. Unit 804 Riviera Beach FL 33404
Treasurer:James R Miller
Address: 3040 Lake Share De Unt 804, Riviera Beach, FZ 33404
NOTE: If necessary, you may anach an addendum to the application listing additional officers and/or directors.
12. Parkellill
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. TAMES P. MILLER (Typed or printed name and capacity of person signing application)



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, **SEASIDE HOME 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 28, 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 June 18, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150618-2463
You may verify this electronic certificate
online at http://www.nvsos.gov/