

F/5000002977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

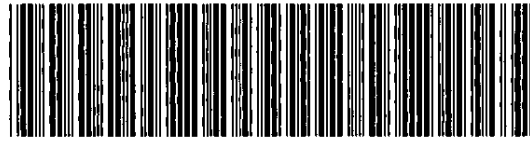
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/28/15--01022--001 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
15 JUL -5 AM 9:26

W15-37964

07/09/15



RECEIVED JUL - 8 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2015

SUSAN GOULD  
13013 LONG PINE TR.  
CLERMONT, FL 34711

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: UNIQUE PROPERTY SOLUTIONS GROUP, INC  
Ref. Number: W15000037964

We have received your document for UNIQUE PROPERTY SOLUTIONS GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The registered agent must sign accepting the designation.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00011302



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUN -8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 29, 2015

SUSAN GOULD  
13013 LONG PINE TR.  
CLERMONT, FL 34711

SUBJECT: UNIQUE PROPERTY SOLUTIONS GROUP, INC  
Ref. Number: W15000037964

We have received your document for UNIQUE PROPERTY SOLUTIONS GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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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.

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Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00011302

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Unique Property Solutions Group, 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:

Susan Gould

Name of Person

Firm/Company

13013 Long Pine TR. Clermont FL 34711

Address

Clermont FL 34711

City/State and Zip code

Unique prop Solutions group @ Gmail. Com

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

For further information concerning this matter, please call:

Susan Gould

Name of Person

at ( 407 ) 342-5907

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. Unique Property Solutions Group, 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 3. 47-3392677  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3-4-15 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 13013 Long Pine TR. Clermont FL 34711  
(Principal office address)

(Current mailing address)

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

Name: Business Filings Incorporated

Office Address: 515 E. Park Ave.

Tallahassee, Florida 832301  
(City) (Zip code)

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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUL -6 AM 9:26

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Susan Gould

Address: 13013 Long Pine TR.  
Clermont FL 34711

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**B. OFFICERS**

President: Susan Gould

Address: 13013 Long Pine TR.  
Clermont FL 34711

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Susan Gould

Address: 13013 Long Pine TR. Clermont FL 34711

Treasurer: Susan Gould

Address: 13013 Long Pine TR. Clermont FL 34711

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Susan Gould

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. Susan Gould, President

(Typed or printed name and capacity of person signing application)

# 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, **UNIQUE PROPERTY SOLUTIONS GROUP, 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 March 4, 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 March 24, 2015.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20150324-2770  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

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