F15000003158

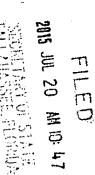
(Pa	questor's Name)	
(Re	equestors Name)	
(4)		
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
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Office Use Only



300274735593

300274735593 07/20/15-01015-012 **70.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 6 MAND COL PROPERTY Solutions, 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:
JOSE AMAS
Name of Person
•
Firm/Company
WILL LARGO Victor DADIE
414 LARGO VISTA, DAVE Address
02Klan Pl- 24702
ORKLAM, PL 34787 City/State and Zip code
DIAMA CPHLIFE @ GMAIL . COM
DIANA CP 44FE @ 671AIL . COM E-mail address: (to be used for future annual report notification)
For forther information concerning this meeter ularge call.
For further information concerning this matter, please call:
Draw Paras 432 9678
Name of Person Area Code & Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section Division of Corporations New Filing Section Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$\Bigcup \\$Certified Copy \$\Bigcup \Bigcup \Bi

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	MANDCOL		Solutions,	
inter name of corp nc.," "Co.," "Corp	ooration; must include " o," "Inc," "Co," or "Cor	incdrporated," "con p.")	IPANY," "CORPORAT	ION,"
name unavailabl	e in Florida, enter altern	nate corporate name adopted	for the purpose of transa	cting business in Florida)
<i>N</i>	AGRASI	t is incorporated)		
	4	t is incorporated)		f applicable)
	13 15	5	Perpetual	
(Date of	incorporation)	(Dura	tion: Year corp. will cear	se to exist or "perpetual")
	(SEE SECTION	······································	S., to determine penalty li	
<u>-</u>		(Principal office address)		
	•	(Current mailing address)		
				ر علا الله الأسريم الأسريم
ame and street a	address of Florida reg	gistered agent: (P.O. Box	NOT acceptable)	
		gistered agent: (P.O. Box	NOT acceptable)	
Name:	JOSE A	NIAS	,	Solet
Name:	JOSE M	MAS DA ACC		
Name:	JOSE M	MAS DA ACC		-787
Name:	JOSE M	NIAS		787
Name: fice Address: Registered agen wing been named ignated in this a ther agree to con	TOSE R 4 14 LAM 6 MKLAM (C) t's acceptance: I as registered agent pplication, I hereby a nply with the provision	MAS SOVI IN DIME ity) and to accept service of paccept the appointment a ons of all statutes relative	Florida FL 32 (Zip code) process for the above so registered agent and code to the proper and code	stated corporation at the pla agree to act in this capaci aplete performance of my
Name: fice Address: Registered agen wing been named ignated in this a ther agree to con	TOSE R 4 14 LAM 6 MKLAM (C) t's acceptance: I as registered agent pplication, I hereby a nply with the provision	SOVIS AT DAVE Sovis AT DAVE ity) and to accept service of accept the appointment a	Florida FL 32 (Zip code) process for the above so registered agent and code to the proper and code	stated corporation at the pla agree to act in this capaci aplete performance of my

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. DIRECTO	RS
Chairman:	······································
Address:	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address:	
	D to 1/2 Page N
Director:	JOSE AMAS
Address:	JOSE AMAS STOPPINE, OAKLAND, PL 34787
Director:	DOAMA PAMA
Address:	414 LANGOUSTA DINE, OAKLAND, FL 34787
President:	JOSE AMIAS 414 LANGO VISTA DRIVE, BAKLAND, FL 34787
Secretary:	
	414 LARGONITA DAVE, OAKLAND, PC 34787
Treasurer:	JOIE AMAP.
Address:	HIY LAGGO NOTA DAIVE, ORKLAND, PC 34787
	essary, you may attach an addendum to the application listing additional officers and/or directors.
The officer or a	Signature of Director or Officer director signing this document (and who is listed in number 12 above) affirms that the facts stated herein at he or she is aware that false information submitted in a document to the Department of State constitutes felony as provided for in s.817.155, F.S.
13	JOSE AMAS, DIRECTOR
<u>-</u>	(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, **GRANDCOL 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 March 13, 2015, and is in good standing in this state.

H. OF THE SECOND SECOND

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 1, 2015.

Ballons K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150501-2284
You may verify this electronic certificate
online at http://www.nvsos.gov/