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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	New Filing Section Division of Corporations	I PINI A	NASIN		
SUBJ	DECT: CASA LIE	<u> </u>	177,11		
	Name of corporation	- must include suffix			
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Stan referenced foreign corporation to transact busine	ding" and check are sub			
Please	return all correspondence concerning this matte	•			
	avelina Re	20			
	Name or				
	Firm/Com	pany			
	106 NW Broa	driew st.			
	Port St L	ucie #3	4983		
	City/State a	nd Zip code'			
	Uvelina Rao-4life	Yahoo.o	OM		
	E-mail address: (to be used i	for future annual report r	notification)		
For fu	orther information concerning this matter, please of	call:			
1	hal D		1 -		
L	Uveling Lao at 702 905-0162				
	Name of Person Area	Code & Daytime Teleph	one Number		
	STREET/COURIER ADDRESS: New Filing Section	MAILING A New Filing Se	ection		
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, F			
Enclo	sed is a check for the following amount:				
\$ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 23, 2015

UVELINA RAO 106 NW BROADVIEW ST PORT ST LUCIE, FL 34983

SUBJECT: CASA PALMAS, INC Ref. Number: W15000043420

We have received your document for CASA PALMAS, 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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

The entity's date of incorporation/organization must be listed in the document.

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.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00015518



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2015

UVELINA RAO 106 NW BROADVIEW ST PORT ST LUCIE, FL 34983

SUBJECT: CASA PALMAS, INC Ref. Number: W15000043420 2015 AUG 25 AM II: 20 SEUREDARY OF STATE TALLAHASSEE FLORIDA

We have received your document for CASA PALMAS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00013312

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	TED TO	
1. Casa Del Palmas, INC.		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
The LINA RAG- 106 NW Broadview ST, PSI (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Florida	34983
2. Nevada (State or country under the law of which it is incorporated) (FEI number, if applicable)		_
4. 4-6-15 5. TerPeTUA	ل	
(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)		
7.106 NW Broadvie WST. PSL.FL. 3498	3	
(Principal office address)		
(Current mailing address)		
8 Name and street address of Florida variational analysis (B.O. Day NOT acceptable)	至	2015
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
Name: UNCLIVA Sag	TAS:	LO Immone
Office Address: 106 NW. Broadviewst. P	E	O) [
	1445	
PSL. T 1983		The purposes
PSL. T, Florida P34983 (City) (Zip code)	FLORIO	
$\frac{PSL \cdot \Gamma}{\text{(City)}}, \text{Florida} \frac{P34983}{\text{(Zip code)}}$	STATE FLORIDA	MI: 20
PSL. T, Florida P34983 (City) , Florida (Zip code) 9. Registered agent's acceptance:		ر_
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete performance.	ation at to in this ca	he place pacity. I
PSL. T (City), Florida P34983 (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpordesignated in this application, I hereby accept the appointment as registered agent and agree to act	ation at to in this ca	he place
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpor designated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete performance.	ation at to in this ca	he place pacity. I

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 l	business addresses of officers and/or directors:	
A. DIRECTOR	s // i	
Chairman:		
Address:	106 NW Broad New St	
***************************************	Port St Luxie, Rg 34983	
Vice Chairman: _	<u>'</u>	
Address:		
Director:		
		··· · · · · · · · · · · · · · · · · ·
Director:	78.50 FALLS	gradut/jes.
	AUG 25 CRETAIN AHASS	COLUMN 1 TO THE PARTY OF THE PA
B. OFFICERS President:	Property of the second	1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	106 NW Brosdriew St 10Rt St Lucie 1871 34983	
Vice President:		
Address:		
Secretary:	welmi Rao	
Address:	106 MW Brusdyrewst	
Treasurer:	1126 Ina Rus	
Address:	106 NW Broduce St Port Stuce F	1 3798
NOTE: If necess	sary, you may attach an addendum to the application listing additional officers and/or directors.	_
12	Unelsi Kw	
are true and that h	Signature of Director or Officer ector signing this document (and who is listed in number 12 above) affirms that the facts stated he or she is aware that false information submitted in a document to the Department of State company as provided for in s.817.155, F.S.	herein astitutes
13.	aveling Lao, 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.

1 further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CASA DEL PALMAS, 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 April 6, 2015, and is in good standing in this state.

O STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 13, 2015.

Ballona K. Cagerske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150713-1011
You may verify this electronic certificate
online at http://www.nvsos.gov/