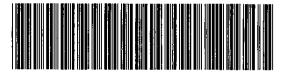
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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HIGHRISE R	estorations Services, I	
Name of corporation	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	
Michael Vega		
Michael Vega Name of F	Person	
HIGHRISE Restor	pany Services, Inc	
471 NW 48th.		
Addre	SS	
Deer Field Beach,	ELORION 33442	
City/State an	d Zip code	
Contact a high rise r E-mail address: (to be used for	estorations, com	
E-mail addréss: (to be used for	or future annual report notification)	
For further information concerning this matter, please concerning the please concerning	all:	
M-charly Vega at (954) 243-4683  Name of Person Area Code Daytime Telephone Number		
Name of Person Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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. (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. 81-0948337
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12-29-2015
(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) NW YSth Ave DeerField Beach, FL 33442 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorp Serviced 17888 67th CT North Office Address: Loxabat chee , Florida 33470
(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.

11. Names and business addresses of officers and/or directors:	pm 11
A. DIRECTORS	PIEJANII PI 2:36
Chairman: Michael Veya	(10./44)
Address: 471 WW YEEL ASE TALL	18 36 AH 19 19 19 19 19 19 19 19 19 19 19 19 19
Chairman: Michael Veya  Address: 471 Nus 48E4 Ase 14/1  Derfill Bol FL 33442	ORE GREEF STATE
Vice Chairman:	,,
Address:	
Director:	<del></del>
Address:	
71001055.	<del></del>
Director	
Director:	
Address:	······································
D OFFICEDS	
B. OFFICERS	
President: Michael Vega Address: 47/ NW Y8+4 AL Deer Rield	2 8 1 5
Address: 9// 1000 98+19 1902 Dee/6. Eca	Bench A
1/1	33 192
Vice President: N/A	
Address:	
Secretary: Michael Vega	
Address: 471 NW 48+6 Axe Darrivell (	seal, FI 334x
Treasurer: Michael Veya	
Address: 471 NW 48th Au Deerfull Beh.	EL 33412
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
12. Jaly /gr /km	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 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 Departm a third degree felony as provided for in s.817.155, F.S.	
13. michael Vega / Presslent	
(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, **HIGH RISE RESTORATION SERVICES**, 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 December 29, 2015, and is in good standing in this state.

STATE OF THE STATE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 5, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160105-2088
You may verify this electronic certificate
online at http://www.nvsos.gov/