

FILE 000002109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

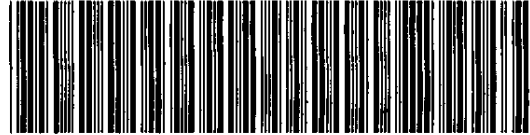
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

649 W16-16439

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02/29/16--01023--002 \*\*78.75

FILED  
16 MAY -6 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2016 FEB 29 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2016

ALVIN LAM  
ANDERSON BUSINESS ADVISORS  
3225 MCLEOD DRIVE STE 100  
LAS VEGAS, NV 89121

SUBJECT: SIGNIFICANT PROPERTIES, INC.  
Ref. Number: W16000016439

We have received your document for SIGNIFICANT PROPERTIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive page 2 of the application.,

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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 916A00004575

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Significant Properties, 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:

Alvin Lam

Name of Person

Anderson Business Advisors, Inc.

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, Nevada 89119

City/State and Zip code

alam@andersonadvisors.com

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

For further information concerning this matter, please call:

Alvin Lam

at ( 800 ) 706-4741

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. **Significant Properties 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**

(State or country under the law of which it is incorporated)

3. **81-1518874**

(FEI number, if applicable)

4. **02/19/2016**

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. **02/22/2016**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609**

(Principal office address)

**3225 McLeod Drive, Suite 100, Las Vegas, Nevada 89119**

(Current mailing address, if different)

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

Name: **Anderson Registered Agents, Inc.**

Office Address: **1000 North Washington Boulevard**

**Sarasota**

(City)

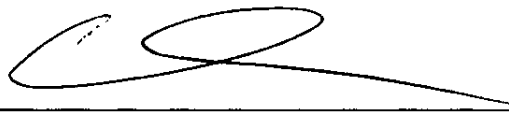
, Florida **34236**

(Zip code)

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ALL INFORMATION  
FLORIDA

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: Judith Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

Vice Chairman: Bahman Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

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

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

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

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

**B. OFFICERS**

President: Judith Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

Vice President: Bahman Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

Secretary: Judith Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

Treasurer: Judith Mojallal

Address: 4532 W. Kennedy Boulevard, Suite 460, Tampa, Florida 33609

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

12. Judith Mojallal

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Judith Mojallal

(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, **SIGNIFICANT PROPERTIES 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 February 19, 2016, 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 17, 2016.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Electronic Certificate  
Certificate Number: C20160317-1904  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>