8/26/2018

From: GFI FaxMaker

To: 8506176383

Page: 1/5

Date: 8/26/2016 3:14:44 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000213203 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702) 866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

S S

## FOREIGN PROFIT/NONPROFIT CORPORATION CARA REAL ESTATE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

### **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJI	CARA I	REAL ESTATE SOLUTION	IS, INC			
30 001	EC1.	Name of corporat	ion - mu	st include suffix		
Dear Si	ir or Madam:					
`'Certifi	icate of Existend	tion by Foreign Corporation for," or "Certificate of Good Sin corporation to transact bus	tanding'	' and check are sub	ict Bu omitte	siness in Florida," d to register the
Please	return all corres	condence concerning this ma	iter to th	e following:		
		Jaycie i	bawoh			
-		Name	of Perso	n		
		inCorp Se	rvices,	Inc.		
		Firm/C	ompany			
		3773 Howard Hugh	es Pkw	y · Sulte 500s		
	Address					
		Las Vegas, N	V 8916	9-6014		
<del></del>		City/Stat	e and Zi	p code		
		documents(				
		E-mail address: (to be use	d for fu	ture annual report	notifi	cation)
For fur	ther information	concerning this matter, pleas	e call:			
Jaycie How	ard on Behalf of Ir	Corp Services, Inc. 702	:	366-2500		
	Name of Perso	n Area C		Daytime Telep	hone	Number
Enclose	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
<b>s</b> 70	.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		i.75 Filing Fee & tified Copy		\$87.50 Filing Fec, Centificate of Status & Centified Copy

# H16000213203

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc." "Co," or "Corp.")			,			
If name unavail	able in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting	g business in I	Florida)		
Indiana		3	47-5412190				
2. (State or country under the law of which it is incorporated) (FEI number, if applicable			olicable)	le)			
10/07/2015		5	Perpetual				
(Date of incorporation)  (Date of duration, if other than perpetual Upon Filing					1)		
9445 Indiana			02, F.S.; to determine penalty liability 322	• •			
	polls Bivd., Suite 1018, Highland, IN	1 46	•				
7695 Fonten	polls Blvd., Suite 1018, Highland, IN (Pri eau, Montreal, QC, H1K 2E4 (Current ma	N 46 ncipa	322 al office address) g address, if different)	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	27) 27) 27a		
7695 Fonten	polls Blvd., Suite 1018, Highland, IN (Pri eau, Montreal, QC, H1K 2E4	N 46 ncipa	322 al office address) g address, if different)	VEC VICE SES			
7695 Fonten Name and <u>stre</u> Name:	polls Blvd., Suite 1018, Highland, IN  (Pri- eau, Montreal, QC, H1K 2E4  (Current material address of Florida registered agent: (	N 46 ncipa	322 al office address) g address, if different)	ALL SOCIATION S	84 62 JUS		
7695 Fonten	polls Blvd., Suite 1018, Highland, IN  (Pri- eau, Montreal, QC, H1K 2E4  (Current material address of Florida registered agent: ( InCorp Services, Inc.	N 46 ncipa	322 al office address) g address, if different)	NED LY CONTROLL SERVING	智6 29		

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.

Jaycle Howard on Behalf of InCorp Services, Inc.

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.

From: GFI FaxMaker

To: 8506176383

Page: 4/5

Date: 8/26/2016 3.14:44 PM

# H14000213203 3

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

	CTORS			
Chairman:	Gabriel Araish		, <sub></sub>	
Address;	7695 Fonteneau, Montreal, QC H1K 2E4			
ioc Chai	man:			
			<del></del>	<u> </u>
- Director:	Gabriel Araish			
Address:	7695 Fonteneau, Montreal, QC H1K 2E4			
Director:	Olivier Carter			
Address;	9 av Janvier, Candian, QC J5R 3R5			
resident:	Gabriel Araish			
ice Presi	Olivier Carter		ران ادار	<u> </u>
.ddress:	9 av Janvier, Candian, QC J5R 3R5	2.47.2 (\$14.5)	10.50	
AAPATSM:			e Tand Marijana Marijana	4 F
ddress:		Section of the sectio	1/2	19.3
reasurer;	Gabriel Araish	**		
Address:	7695 Fonteneau, Montreal, QC H1K 2E4		, ( <sub>4</sub> - <del>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </del>	
	If necessary, you may attach an addendum to the application listing additional	officers and/or d	irectors	<b>S.</b>
2,	Signature of Director or Officer			
The offic ire true a third de	er or director signing this document (and who is listed in number 11 above) af nd that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.	Tirms that the fac e Department of	is state State c	d herein onstitutes
3. Gab	riel Araish, President			
	(Typed or printed name and caracity of person signing annitical	tion)		

# State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## CARA REAL ESTATE SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 07, 2015, and was in existence or authorized to transact business in the State of Indiana on August 26, 2016.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 26, 2016

Corrie Famon

CONNIE LAWSON SECRETARY OF STATE

20151008000\$6 / 201692506

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate