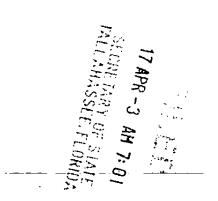
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COVER LETTER

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SUBJECT:	PRESTIGE E	OSPITALTY RENOVAT Name of corpora			
Dear Sir or M	fadam:				
"Certificate o	f Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing" a	ind check are sul	ect Business in Florida," omitted to register the
Please return	all correspond	lence concerning this m	atter to the	following:	
MELIZA BOL	JZAKIS				0
		Name	e of Person		
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FRESTICE DO	<u>JSPIIALIT K</u>		S. IINC Company		<u></u>
			. ,		
<u>544 SW 9TH S</u>	STREET, #3		ddress		<u>+</u>
		A	daress		
MIAMI, FLOR	RIDA 33130				<u>+</u>
		City/Sta	ite and Zip o	code	
mhouzakis@a.	mail com [Mouzakis E-mail address: (to be us	ed for futur	re annual report	notification)
For further int		cerning this matter, plea		•	,
MELI	ZA BOUZAKI	<u>S</u> at (<u>30</u>	5 a)	972-651	3 ±
Name	e of Person	Area	Code	Daytime Telep	hone Number
Regist Divisi Clifto 2661 I	EET/COURII tration Section ion of Corpora n Building Executive Cen nassee, FL 32	ations ater Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is a	check for the	following amount:			
□ \$70.00 Fili	ing Fee 🗖	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied 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.

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	able in Florida, enter alternate corpora	······································
WASHIN		
(State or countr	y under the law of which it is incorpor	rated) (FEI number, if applicable)
2009		# 5. Pernetual #
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted by	usiness in Florida, if prior to registration)
		& 607.1502, F.S., to determine penalty liability)
		<u>. </u>
1201 W F	SISFNHOWER STREET PHAR	R TEXAS 78577 (Principal office address)
		(Thicipal Office address)
		7 17 17 17 17 17 17 17 17 17 17 17 17 17
	(Curre	ent mailing address, if different)
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Name and stree	(Curre et address of Florida registered age	ent mailing address, if different)
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	et address of Florida registered age	ent mailing address, if different) ent: (P.O. Box NOT acceptable)
Name:	MELIZA ROUZAKIS 544 SW 9TH STREET # 3	ent mailing address, if different) ent: (P.O. Box NOT acceptable)
Name:	MELIZA ROUZAKIS 544 SW 9TH STREET # 3	ent mailing address, if different) ent: (P.O. Box NOT acceptable)
Name:	MELIZA ROUZAKIS 544 SW 9TH STREET # 3 MIAMI (City)	ent mailing address, if different) ent: (P.O. Box NOT acceptable) - 544 3W 44 STR
Name: ffice Address: Registered age	MELIZA ROUZAKIS 544 SW 9TH STREET # 3 MIAMI (City) ent's acceptance:	ent mailing address, if different) ent: (P.O. Box NOT acceptable) # # # Florida 33130 (Zip code)
Name: ffice Address: Registered againg been name	MELIZA ROUZAKIS 544 SW 9TH STREET # 3 MIAMI (City) ent's acceptance: sed as registered agent and to acceptance	ent mailing address, if different) ent: (P.O. Box NOT acceptable) . 544 3W 9TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5
Name: ffice Address: Registered againg been names signated in this	MELIZA ROUZAKIS 544 SW 9TH STREET # 3 MIAMI (City) ent's acceptance: sed as registered agent and to acceptance to application, I hereby accept the desired agent and to accept the desired agent accept the desired accept the	ent mailing address, if different) ent: (P.O. Box NOT acceptable) . 544 3W 4W 5TR
Name: ffice Address: Registered againg been names signated in this rther agree to c	MELIZA BOUZAKIS 544 SW 9TH STREET # 3 MIAMI (City) ent's acceptance: led as registered agent and to acceptance application, I hereby accept the comply with the provisions of all si	ent mailing address, if different) ent: (P.O. Box NOT acceptable) . 544 3W 9TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5TR 5

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: Address: Vice Chairman: Address: Director: Address: Director: Address: ______ **B. OFFICERS** President: ALEVANDED BOLIZAKIS Address: 5/4 SW OTH STREET # 3 MIAMI PLORIDA 33130 Vice President: MEI 174 BOLIZAKIS Address: 5/1/ SW OTH STREET # 3 MIAMI FLORIDA 33130 Secretary: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

(Typed or printed name and capacity of person signing application)

Alexander Bourakis



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PRESTIGE HOSPITALITY RENOVATION SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/31/2009.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: March 24, 2017

UBI: 602-981-054

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



(2) (3)