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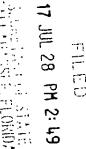
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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S. WARREN AUG 0 2 2017

COVER LETTER

Division of Corporations			
SUBJECT: GREENSTONE VENTURES IN	C.		
Name of co	orporation - n	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standir	ig'' and check are submi	Business in Florida." ited to register the
Please return all correspondence concerning MYCORPORATION	this matter to	the following:	_
	Name of Per	son	
	Firm/Compa		
26025 MUREAU RD STE 120	r mircompa		
	Address		
CALABASAS, CA 91302			
C	ity/State and	Zip code	
PROCESSING@MYCORPORATION.COM			
E-mail address: (t	o be used for	future annual report not	ification)
For further information concerning this matter	er, please call	:	
PROCESSING DEPARTMENT	818 ()	224-7639	
Name of Person	Area Code	Daytime Telepho	ne 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 amour	t:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing F Certificate of \$		878.75 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.

GREENSTON	E VENTURES INC.		
(Enter name of o	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	ν'
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transactin	ng business in Florida)
Nevada 2.	3.		
(State or count 02/13/2007 4.	ry under the law of which it is incorporated) 5	(FEI number, if ap	
	e of incorporation)	(Date of duration, if other	than perpetual)
-	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 1 203 Fort Lauderdale, FL 33312		ity)
/·	(Principal	office address)	
	(Current mailing a	address, if different)	7 -
8. Name and stre	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	FILED JUL 28 PH
Name:	Legaline Corporate Services Inc.	<u> </u>	-;·
Office Address:	5237 Summerlin Commons, Suite 400	_	2: 49 STATE FLORID
	Fort Myers	33907 , Florida	9
	(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.

Misten Alle

(Registered agent's signature)

Kristin Prell, Manager

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		
Charman		
Address	_	
	_	
Vice Chairman	_	
Actives	_	
	_	
Director Enk Kling	_	
2 /28 Davie Blvd 203 Address:	_	
Fort Lauderdale, FL 33342		
Director		
Address		
	_	
B. OFFICERS		
President:	_	
Address 2728 Davie Blvd 203	_ 7	
Fort Lauderdale, FL 33312	_ =	
Nice President	28	-
Address		í
	는 유 유 유 유	٠
Secretary		
Address.	(0	
l'reasurer.		
Address:		
NOTE: If necessary, you may attach an adjoindum to the application listing additional officers and or directors.		
7/14/10/7	•	
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 hereis are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in \$.817-155. F.S.	n es	
Frik King, 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.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GREENSTONE VENTURES 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 13, 2007, 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 July 26, 2017.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170726-2191
You may verify this electronic certificate
online at http://www.nvsos.gov/