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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOUNTAIN VISTA, INC	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flor "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register t above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
DIANE M. GLOVER	
Name of Person	
MOUNTAIN VISTA INC	
PRIOR TO 10/2/17 Firm/Company AGRA 10/2/17	
PRIOR TO 10/2/17 Firm/Company AFTER 10/2/17 598 RAVEN DRIVE POBOX 990070 Address	
BAILEY, ON 30421 NOPUES FL 34/16	
BAILEY, CO 30421 NOPUES FL 34116 City/State and Zip code	
DIANE (B) GULT HOME LIFE STYLE COME E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton 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:	
S70.00 Filing Fee 78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy Ce	of Status &

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. MOUNTAIN VISTA, 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. Colorago 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. KELLER WILLIAMS REALTY NACLES 899 VANDABBILT BEACH RS NACLES (Principal office address) -1 34108

PO BOX 990070 NAPLES FL 34116

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NOPUS Florida 34/08
(City) (Zip code) Office Address: 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.

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: Vice Chairman: Address: Address: B. OFFICERS President: DIANE M. GLOVER Address: PO Box 990070 MAPLES FL 341/6 Vice President: Address: Secretary: RUSSELL E. GLOMEX Address: PO Box 990070 MAFLES FL 34116 Treasurer: 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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Mountain Vista Inc.

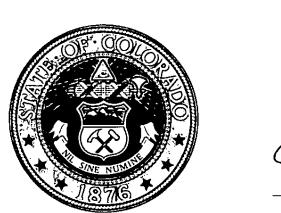
is a

Corporation

formed or registered on 04/22/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101228720.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/18/2017 that have been posted, and by documents delivered to this office electronically through 09/20/2017 @ 13:43:50 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/20/2017 @ 13:43:50 in accordance with applicable law. This certificate is assigned Confirmation Number 10456080



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."