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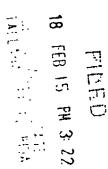
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
DalCasa Inc.	
SUBJECT:	
Name of corporat	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma Yvette Stacey	ntter to the following:
Name	of Person
DalCasa Inc.	
Firm	Company
23 Corporate Plaza Drive Stc. 150	Company
A	ddress
Newport Beach, CA 92660	
City/Sta	te and Zip code
yvette@dalcasa.com	and 3.p 4000
F-mail address: (to be us	ed for future annual report notification)
E man address, (10 oc do	ed to raine minua report homounous
For further information concerning this matter, plea	se call:
Yvette Stacev 949 734-6350	
at (	
Name of Person Area G	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 S87.50 Filing Fee, Certified Copy 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. DalCasa Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") DalCasa Financial Inc (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) 2. FEB. 2014 5.

(Date of incorporation) (Date of duration, if other than perpetual) n/a (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 23 Corporate Plaza Drive Ste 150, Newport Beach, CA 92660 (Principal office address) n/a (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UZ ALONZO
5140 Pine Tree Lane
Wesley Chapel Florida 3354
(City) (Zip code Name: 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.

(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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
23 Corporate Plaza Dr., Ste 150, Newport Beach, CA 92660
Address:///
Yvette Stacey
Vice President:
23 Corporate Plaza Dr., Ste.150, Newport Beach, CA 92660 Address: 1
Metter Hours
Idora/Hegel Loca
23 Corporate Plaza Dr., Ste 150, Newport Beach, CA 92660
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addengtion to the application listing additional officers and/or directors.
12. Signature of Director of Officer
Signature of Director of 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. Vice President - With Staces (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DALCASA INC.

FILE NUMBER: FORMATION DATE:

C3649296

TYPE:

02/20/2014 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 23, 2018.

ALEX PADILLA Secretary of State