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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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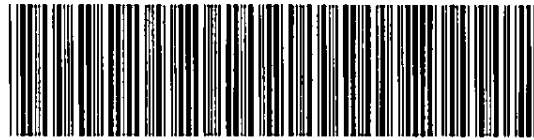
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY - 7 PM 2:45

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K SAIY

MAY 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DuneCraft Consumer Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Grant Cleveland

Name of Person

DuneCraft Consumer Services, Inc.

Firm/Company

2101 South Ocean Drive, Unit 2603

Address

Hollywood, FL 33019

City/State and Zip code

fastestreality@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Cleveland

at (440) 220-2163

Name of Person

Area 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 ☒ \$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.*

1. DuneCraft Consumer Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- DuneCraft
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 29, 2010 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. May 1, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2101 South Ocean Drive, Unit 2603 Hollywood, Florida 33019
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Grant Cleveland

Office Address: 2101 South Ocean Drive, Unit 2603

Hollywood, Florida 33019
(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.



(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.

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18 MAY -7 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Grant Cleveland

Address: 2101 South Ocean Drive, Unit 2603

Hollywood, Florida 33019

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GRANT CLEVELAND

Address: 2101 South Ocean Drive, Unit 2603

Hollywood, Florida 33019

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. _____

GRANT CLEVELAND, PRESIDENT

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

FILED
18 MAY -7 PM 2:45
SECRETARY OF STATE
HOLLYWOOD, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

FILED
18 MAY -7 PM 2:45
SECRETARY OF STATE
JAN 1 2018

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DUNECRAFT CONSUMER SERVICES, INC., an Ohio corporation, Charter No. 1947211, having its principal location in Chagrin Falls, County of Cuyahoga, was incorporated on June 29, 2010 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 23rd day of April, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201811301340