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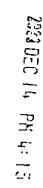
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT: PRESTIGE RESU	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corporations	Certificate of Good Stan	ding" and check are st		
Please return all correspondence	e concerning this matter	to the following:		
LINDA RISINGER			دئ	
	Name of	Person	23 050	
-	Firm/Com	pany	· ‡	
4257 KEYS DRIVE			P	
THE COLONY, TX 75056	Addre	ess		
	City/State ar	nd Zip code	-	
BENRIVERA26@ICLOUD.COM				
E-ma For further information concern	il address: (to be used f ing this matter, please c	-	t notification)	
LINDA RISINGER	281 at (820-6204		
Name of Person	Area Code	Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of P.O. Box 63	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the folloplease make check payable to: FLO S70.00 Filing Fee	ORIDA DEPARTMENT	OF STATE I S78.75 Filing Fee &	☐ \$87.50 Filing	

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.

·	A SOLUTIONS, INC.				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "(COMPANY," "CORPORATIO)N,"	
PRESTIGE RE	SULTS AND CO.				
(If name unavail	able in Florida, enter alternate corporate nan	ne ado	pted for the purpose of transacti	ing busine	ss in Florida
TEXAS	ry under the law of which it is incorporated)	3 84	84-2446276		
(State or countr	y under the law of which it is incorporated)	·· <u> </u>	(FEI number, if a	pplicable)
7/11/2019		5.			
	of incorporation)	··	(Date of duration, if other	than perp	etual)
2929 E. COMME	(Date first transacted business (SEE SECTIONS 607.1501 & 607 ERCIAL BLVD, STE 507, FT. LAUDERDA	.1502,	F.S., to determine penalty liabi	lity),	223 DEC
			treet address)		+
				· .	. #
	(Current mai	ling a	ldress, if different)		<u></u>
Name and street	et address of Florida registered agent: (P	.O. B	ox <u>NOT</u> acceptable)		
Name:	BENJAMIN RIVERA		_		
ffice Address:	2929 E. COMMERCIAL BLVD, STE 50	7	 -		
	FT. LAUDERDALE		_ , Florida <u></u>		
	(City)		(Zin 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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti under the law of which it is incorporated.

□Chairman	BENJAMIN RIVERA	□ Chairman	Name:		
□Vice Chairman	Address:2929 E. COMMERCIAL BLVD	□Vice Chairman	Address:		
□Director	SUITE 507	□Director			
President	FT. LAUDERDALE, FL 33308	□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director	272		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	☐ Treasurer		
Other	Other	□Other	 Other ப		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	Treasurer		
□Other	Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-index individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for i s.817,155, F.S.

... BENJAMIN RIVERA, PRESIDENT

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

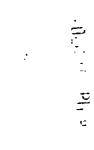


Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Buena Vista Solutions, Inc. (file number 803366016), a Domestic For-Profit Corporation, was filed in this office on July 11, 2019.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 27, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State