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(Re	equestor's Name)	
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COVER LETTER

-	stration Section sion of Corporations			
SUBJECT:	Silverpeak Homes, Inc.			
SOBJECT.	Name of corporation - must	include suffix		
Dear Sir or N	Jadam:			
"Certificate of	"Application by Foreign Corporation for Authori of Existence," or "Certificate of Good Standing" a need foreign corporation to transact business in Flo	nd check are submitted to register the		
Please return	all correspondence concerning this matter to the f	Collowing:		
DOMIN	NK C. GSCHWEND			
	Name of Person			
SILVER	RPEAK HOMES, INC.			
	Firm/Company			
3000 N	1URRELL RD #560004			
ROCKI	Address LEDGE, FL 32956			
	City/State and Zip o	ode		
dom@s	ilverpeakhomes.com			
	E-mail address: (to be used for futur	e annual report notification)		
For further in	formation concerning this matter, please call:			
DOMINI	K C. GSCHWEND at (303) 50	3-7607		
Nam	ne of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	<u> </u>	ATE 5 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.

SILVERPEAK HOMES INC.

(State or counti		orporate name adopted for the purpose of transacting business in Florida) 3. 47-2834131 (FEI number, if applicable)		
12/23/20	1.1.1			
(Date	of incorporation) 5	(Date of duration, if other than perp	petual)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	rida, if prior to registration) F.S., to determine penalty liability)	_	
7901 4th	St N STE 300, St. Petersbur			
	(Principal office st	reet address)		
	(Current mailing ad	dress, if different)		
	•	TALL	202	
Name and stree	et address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	T DE	
Name:	Northwest Registered Agent LLC	NSS)	7021 DEC -1	
ffice Address:	7901 4th St N STE 300	الله الله الله الله الله الله الله الله	至川	
	St. Petersburg (City)	Florida 33702	ق <u>O</u>	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

A. DIRECTORS	•	-					
□Chairman	Name: DOMINIK C. GSCHWEND	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairmaл					
☑Director	ROCKLEDGE, FL 32956	□Director					
☑ President		□President					
□Vice President		□Vice President					
☐ Secretary	Z :Treasurer	□ Secretary		□Treasurer			
□Other	Other	Other		Other			
□Chairman □Vice Chairman □Director □President □Vice President ☑Secretary □Other	Name: REBECCA L. GSCHWEND Address: 3000 MURRELL RD #560004 ROCKLEDGE, FL 32956 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	□Treasurer			
□Chairman □Vice Chairman □Director	Name:						
□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-indexed 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 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	TINIK C. GSCHWENS PRESIDENT						

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **SILVERPEAK HOMES**, **INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/23/2014, and is in good standing in this state.

Certificate Number: B202111222171701

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State