(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Clover Briderick-Straker gave permission to add				
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April 21, 2015

PROPERTY GATEWAY SOLUTIONS, LLC PO BOX 27740 LAS VEGAS, NV 89126 US

SUBJECT: PROPERTY GATEWAY SOLUTIONS, LLC

Ref. Number: W15000027878

We have received your document for PROPERTY GATEWAY SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00007981

Terri J Schroeder Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: PROPERTY GATEWAY SOLUTIONS LLC.					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
CLOVER BROWERICK - STRAKER Name of Person					
PROPERTY GATTOWS SOLUTIONS, LLC.					
3850 Frekson Blus					
Address					
PT. LAUSBRIALE FL. 33312' City/State and Zip Code					
City/State and Zip Code					
bobestrates 216 001 • com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CLOWER BROWELUCK-STRAKERAL (984) 254-8496 Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Bigsup \frac{\text{\$\subset\$125.00 Filing Fee}}{\text{\$\subset\$Certificate of Status}} \Bigsup \frac{\text{\$\subset\$155.00 Filing Fee & Certificate of Status}}{\text{\$\subset\$Certified Copy}} \Bigsup \frac{\text{\$\subset\$160.00 Filing Fee, Certificate of Status & Certified Copy}}{\text{\$\subset\$Certified Copy}} \Bigsup \frac{\text{\$\subset\$160.00 Filing Fee, Certificate of Status}}{\text{\$\subset\$Certified Copy}} \Bigsup \frac{\text{\$\subset\$160.00 Filing Fee, Certificate of Status}}{\text{\$\subset\$Certified Copy}} \Bigsup \frac{\text{\$\subset\$0.00 Filing Fee, Certificate of Status}}{\text{\$\subset\$0.00 Filing Fee, Certificate of Status}} \Bigsup \Bigsup \Bigsup \frac{\text{\$\subset\$0.00 Filing Fee, Certificate of Status}}{\text{\$\subset\$0.00 Filing Fee, Certified Copy}} \Bigsup					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 PO DP 50 PM GATE VALA SEY LITTONIS LLC.
1. PLOPECY GATEVAY SOUTIONS, LIC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")
2. NEVAGA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47 3553 77 (FEI number, if applicable)
4. 5 114 2015 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3850 SACK SON BLUD FT. LAUDERNALE, FL. 33312
(Street Address of Principal Office)
6. 3850 JACKSON BLUD FT. LAUDERDALE FL 33312
(Mailing Address)
7. The name title or apposite and address of the name (a) who had her have such a transfer of the name (b)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
CLOVER BROBERCK-STRAKER - P
3850 JACKSON BLUD FT. LAUDERBALE, FC. 33312
Robert Straker 3850 Jackson BIVD, IT. Landerdule, FL 38712
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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 of signee
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liabilit	y Company is: VAY SOLUTIONS, LLC	
lf unavailable,	the alternate to be us	ed in the state of Florida is:	
2. The name a	and the Florida street	address of the registered agent and office are:	
Business Filings Incorporated			
	,	(Name)	
	515 E. Par	k Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

S 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified 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, corporation soles, 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, **PROPERTY GATEWAY SOLUTIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 10, 2015, and is in good standing in this state.

TO LAND TO LAN

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 26, 2015.

Ballons K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150326-1533
You may verify this electronic certificate
online at http://www.nvsos.gov/