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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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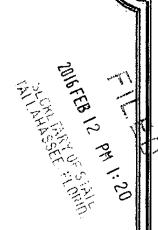
TO:	Registration Section Division of Corporations					
SUBJE	ст: <u>Ny-Inn</u>	nvgtive Mo Name of Lie	DENTY SOLUT mited Liability Company	ions HC		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are 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:						
	Sai	nuel Davis	TR			
	Name of Person					
	Nu-I	ppovative in	Moperty 501 n/Company	lutions LLC		
	305 Hor	ffman Bluc	· 	<u> </u>		
			Address			
	Tampa			7		
City/State and Zip Code						
My - Innovative Property Solution 5 @ Mail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Samue/ Name of C	Davis JR ontact Person	at (<u>\$13</u>) <u>Oz</u>	25-5444 ime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
Enclose		amount: 1 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FORE \acute{i} GN 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 OF COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Nu-Innovative Annexty Solutions L. (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. /VEVQQQ 3. (FEI number, if applicable) company is organized)
4. 305 Hoffman Blvd Tampa FL 336/2
5 FIG. 1
(Street Address of Principal Office) 6. 305 Hoffman Blvd. Tampa FL 336/Z
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: New Aler Tanesha Davis
Office Address: 2120 W Walnut St 331007
Tanpa, Fl 33607, Florida 38607 (Zip code)
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)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Samuel Davis JR
Manager 305 Hoffman Blud, Tampa, FL, 33612
9. Attached is a 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. (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
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

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, NU-INNOVATIVE PROPERTY 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 January 18, 2016, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 5, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160205-1888
You may verify this electronic certificate
online at http://www.nvsos.gov/