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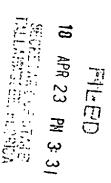
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(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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March 21, 2018

ETHAN FISHER 24555 US HWY 331 S D-101 SANTA ROAS BEACH, FL 32459

SUBJECT: INNOVATIVE PROPERTY GROUP, LLC

Ref. Number: W18000023774

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We have received your document for INNOVATIVE PROPERTY GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The alternate name that you have chosen is not available. Please select a new name.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 518A00004963

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT:	INNOVATIVE PROPE	ERTY SOLUTIONS	LLC	
SUBJECT: INNOVATIVE PROPERTY 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:				
ETHAN C. FISHER				
Name of Person				
INNOVATIVE PROPERTY SOLUTIONS LLC Firm/Company				
Firm/Company				
	24555 US HA	JY 331 SOUTH	D-101	
24555 US HWY 331 SONTH D-101 Address				
SANTA ROSA BEACH, FL 32459 City/State and Zip Code				
City/State and Zip Code				
ethan. Fisher 2@gmail. com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
		a. 71 /m.	- 00 3/	
<u></u>	Name of Contact Person	at (869) 4/1 Area Code Days	ime Telephone Number	
MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations				
Registration	Registration Section Registration Section			
P.O. Box 632 Tallahassee, l		Clifton B	uilding cutive Center Circle	
rananassee, i	rL 32314		ee, FL 32301	
Enclosed is a check for	the following amount:			
□ \$125.00 Fil	ling Fee \$\Bigcup \$130.00 Filing Fee &			
	Certificate of Status	Certified Copy	of Status & Certified Copy	

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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.") Quick LEADS (If name unavailable, coter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Lubblity Company," "L.L.C." or "LLC.") NEVADA

(Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty hability.) s. <u>24555 US</u> HWY 331 (Street Address of Principal Office) SANTA ROSA BEACH FL ANTA ROSA BEACH, FL 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent, LLC Name: 3030 N. Rocky Point Dr., STE 150A Office Address: , Florida <u>33607</u> Registered agent's acceptance: 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 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: ETHAN FISHER 24555 US HWY 351 S D.101 SANTA ROSA REACH, FL FISHER 24555 US HWY 331 5 D-101 SANTA ROSA BEACH, FL (Use attachments if necessary) 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) 10. 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. Signature of an authorized person ETHAN C. FISHER

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 ain 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, **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 16, 2017, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 6, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180306-0015
You may verify this electronic certificate
online at http://www.nvsos.gov/