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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

### JPSCALE PROPERTIES 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:

Ingrid Ramsey-Greaves				
Name of Person				
UPSCALE PROPERTIES SOLUTIONS, LLC				
Firm/Company				
4007 W. Montgomery Terrace				
Address				
Tampa, FL 33616				
City/State and Zip Code				
service4youalways@outlook.com				

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Ramsey-Greaves at 813

Name of Contact Person

#### **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:

☑ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

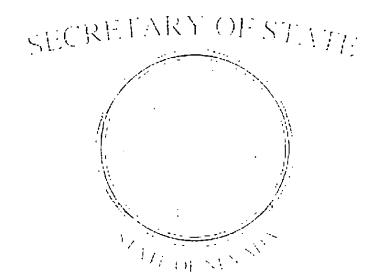
□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

	ame adopted for the purpose of transacting business in I	florida. The alternate name must include "Limited Li-	ability Company." "L.L.C." or "LLC.")
Nevada	hich foreign limited liability company is organized)	3.	ber, if applicable)
(an edicinos mines me him or m	men toterga ministed insortiny company is organized)	(रक्षा क्या	ner, ii applicabie)
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida if more	to registration	<del></del>
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter		
4007 W. Montgor (Street Address of I	mery Terrace	6. 4007 W. Montgome	у Теггасе
Tampa, FL 33616	•	Tampa, FL 33616	
			<u> </u>
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STI	F 150A	= }
Office Address.			<del>·</del> · · · · · · · · · · · · · · · · · ·
-	Tampa (City)	Florida 33607 (Zip coc	
gistered agent's accep	· · ·	(Lange and	<u></u>
	ions of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to act er and complete performance of my	
	s of my position as registered agent.	er and complete performance of my	
d accept the obligation.	S of my position as registered agent.  Beet (Registered agent)	er and complete performance of my 's signature)	
d accept the obligation.	s of my position as registered agent.	er and complete performance of my 's signature)	
The name, title or capa	Registered agent  (Registered agent acity and address of the person(s) who	's signature) has/have authority to manage is/are:	duties, and I am familiar t
The name, title or caps	(Registered agent acity and address of the person(s) who is Name and Address:  Ingrid Ramsey-Greaves	's signature) has/have authority to manage is/are:	duties, and I am familiar t
The name, title or caps	(Registered agent acity and address of the person(s) who is Name and Address:  Ingrid Ramsey-Greaves	's signature) has/have authority to manage is/are:	duties, and I am familiar t
The name, title or caps	(Registered agent acity and address of the person(s) who is Name and Address:  Ingrid Ramsey-Greaves	's signature) has/have authority to manage is/are:	duties, and I am familiar t
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The name, title or caps  Title or Capacity:  Manager	(Registered agent  (Registered agent  (Registered agent  acity and address of the person(s) who is  Name and Address:  Ingrid Ramsey-Greaves  4007 W. Monitomery Terrace  Tampa. Ft. 33616	's signature) has/have authority to manage is/are:	duties, and I am familiar t
The name, title or caps  Title or Capacity:  Manager	(Registered agent  (Registered agent  (Registered agent  acity and address of the person(s) who is  Name and Address:  Ingrid Ramsey-Greaves  4007 W. Monitomery Terrace  Tampa. Ft. 33616	's signature) has/have authority to manage is/are:	duties, and I am familiar
The name, title or caps Title or Capacity: Manager  See attachments if necess Attached is a certificate	Registered agent  (Registered ag	's signature) has/have authority to manage is/are: Title or Capacity:	Name and Address:
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Typed or printed name of signee



# 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, UPSCALE PROPERTIES 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 April 23, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 7, 2018.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180507-1417