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#### COVER LETTER

TO: Registration Section **Division of Corporations** 

### VERITAS 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 c in Florida.

Existence, and check are submitted	ed to register the above refer	enced foreign limit	ed liabilit	y company to transact business in Fl
Please return all correspondence	concerning this matter to the	following:		
Scott A	lan Colton			
	N	ame of Person		
VERIT	AS PROPER	TY SOL	UTIC	ONS, LLC
	F	irm/Company		<del></del>
6600 F	alconsgate A	Ave		
		Address		
Davie,	FL 33331			
	City/S	tate and Zip Code		
sac291	@aol.com			
	E-mail address: (to be use	d for future annual	report not	tification)
For further information concerning	g this matter, please call:			
Scott Alan	Colton	954	,325	5-4133
Name o	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301
Enclosed is a check for the follow  ☐ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$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 605,0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nevada			lability Company," "L.L.C," or "L1
		_ 3	mber, if applicable)
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI nur	nber, if applicable)
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration ) rtermine penalty liability)	
6600 Falconsgate	e Ave	6. 6600 Falconsgate A	
(Street Address of)	Principal Office)	(Mailing Ac	ldress)
Davie, FL 33331	- <del>-</del>	Davie, FL 33331	- EE 1
<del></del>			- E
Name and street address	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	NESSE OF
Name:	Registered Agents Inc.		17 m
Office Address:	3030 N. Rocky Point Dr. S	TE 150A	TATE A
	Tampa	Florida 33607	7
ving been named as re signated in this applica comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme	Florida 33607  (Zip co of process for the above stated limite nt as registered agent and agree to ac oper and complete performance of my	d liability company at the t in this capacity. I furt
aving been named as re signated in this applica comply with the provis	tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	(Zip co of process for the above stated limite nt as registered agent and agree to ac oper and complete performance of my	d liability company at the t in this capacity. I furt
aving been named as resignated in this applica comply with the provised accept the obligation	tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.  [Registered agent]	of process for the above stated limite nt as registered agent and agree to ac oper and complete performance of my	ed liability company at the tin this capacity. I furt with the duties, and I am famili
aving been named as resignated in this applica comply with the provised accept the obligation	tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.  [Registered agent]	of process for the above stated limite nt as registered agent and agree to ac oper and complete performance of my	ed liability company at the tin this capacity. I furt with the duties, and I am famili
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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, VERITAS 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 June 6, 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 June 14, 2018.

Ballians K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180614-0750