EXHIBIT B CERTIFICATE OF AUTHORITY

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Authority

ORGANIZATIONAL ID #: FB036042

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of CONECTADO, INC. (NV) to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application to transact business in this state.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this June 14, 2012.

Bortan

Jason M. Gant Secretary of State Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

APPLICATION FOR

CERTIFICATE OF AUTHORITY FOREIGN BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

[IslNG FEE: \$750 payable to SECRETARY OF STATE

JUN 1 4 2012 S.D. SEC. OF STATE

Telephone # (770) 232-9200 FAX # (678) 775-1195

Filed In Jane

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the corporate records in the state or country under whose law it is incorporated.

Note: The name must include the term corporation, i	ncorporated, company, li	mited or the applicable a	obtreviation
State where incorporated Nevada	A second of the		
Date of its incorporation is January 31, 2007	to the transfer of the same of		
The period of its duration Perpetual			
The address of its principal office (this is the address of			10001
300 Maple Park Blvd., Ste. 301 Street Address	St. Clair Shores	MI	48081
	6 300	State	71P+4
OHER MANES	City	State	ZIP+4
Mailing Address (Optional)	City	State State	ZIP+4 ZIP+4
Mailing Address (Optional)	ŕ		
Mailing Address (Optional)	City		
Mailing Address (Optional) The South Dakota Registered Agent name	Clty ervices, Inc.	State	ZIP+4
Mailing Address (Optional) The South Dakota Registered Agent name Incorp South North Main Avenue, Suite 206	City ervices, Inc. Sioux Falls	State South Dakota	ZIP+4 57104

7. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

Carmen Casey	701 North Green Valley Parkway, Ste. 200, Henderson, NV 89074					
President	Street Address	City	State	ZIP+4		
Vice President	Street Address	City	State	ZIP+4		
Cannen Casey	701 North Green Valley Parkway, Ste. 200, Henderson, NV 89074					
Secretary	Street Address	City	State	ZIP+4		
Treasurer	Street Address	City	State	ZIP+4		
Carmen Casey	701 North Green Valley Parkway, Ste. 200, Henderson, NV 89074					
Director	Street Address	City	State	ZIP+4		
Director	Street Address	City	State	ZIP+4		
Director	Street Address	City	State	ZIP+4		

The application must be signed by an authorized officer	of the corporation.	
Dated	(Signature of an authorized officer)	
0	Carmen Casey	
	(Printed Name)	
	President	
	(Title)	***