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(Reques	stor's Name)	
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(City/St	ate/Zip/Phone	: #)
PICK-UP	_	MAIL
(Busine	ss Entity Nam	ne)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	g Officer:	
W16-15090		

Office Use Only



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02/29/16--01026--018 **125.00

TILED
SECRETARY OF STATE

WAR 3 1 2016 O. BRUCE To: Florida Department of State, Division of Corporations

From: Marjorie Traxler, Champions Home Solutions FL, LLC

RE: Missing titles on application

March 28, 2016

I have added the titles as requested on the application. I also want to apologize for overlooking this part when sending the form the first time.

Thank you for your help and patience.

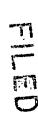
Sincerely,

Marjorie Traxler, manager

Champions Home Solutions FL,LLC

941-208-0208

SECRETARY OF STATE





March 23, 2016

MARJORIE J. TRAXLER 514 147TH ST. E BRADENTON, FL 34212

SUBJECT: CHAMPIONS HOME SOLUTIONS FL, LLC

Ref. Number: W16000015090

We have received your document for CHAMPIONS HOME SOLUTIONS FL, 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.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00006011



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

MARJORIE J. TRAXLER 514 147TH ST. E BRADENTON, FL 34212

SUBJECT: CHAMPIONS HOME SOLUTIONS, LLC

Ref. Number: W16000015090

We have received your document for CHAMPIONS HOME SOLUTIONS, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form-

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

The document number of the name conflict is L14000097028.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00004246

COVER LETTER

TO: Registration Section Division of Corporation	as			
SUBJECT: Cham	pions Home Name of	Golutions, Li Limited Liability Company	u	
The enclosed "Application by For Existence, and check are submitte	eign Limited Liability Comp d to register the above refere	eany for Amhorization to Transced foreign limited liabili	ransact Business in Florida," Conty ty company to transact business i	ificate of n Florida
Please return all correspondence of	concerning this matter to the	following:		
	maryonie 1	Transer		
	O Na	ume of Person		
The State of the S				
		mn/Company		
514	1 147th St. 1	E		
		Address		
	radenton, Fi	34212		
	Inwin realesta E-mail address (to be used		mil. Com	
For further information concerning				
Margie	Fraxlev		9-5707	
✓ Name o	of Contact Person	Area Code Da	rytime Telephone Number	
MAILING ADDRESS: Division of Corporation Registration Section		Division Registre	TADDRESS:	
P.O. Box 6327 Tajlahassec, FL 32314		2661 E	continued The district to	
Enclosed is a check for the follow	ring amount:			
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee Certifit of Status & Certified Copy	99te 9

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION GISIONE, FLORIDA STATUTES, THE FOLLOWING IS SUBSHITTED TO REGISTER A FOREIGN TENTIED LI MPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	(Name of Foreign Linksed Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")
	Champions Home Solutions FL, LLU
(lf:	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limit
Lia	bility Company, "L.L.C," or "L.L.C.")
2.75	NEVACOV urisdiction under the law of which foreign limited liability (FEI number, if applicable)
(3	company is organized)
4.	(Date first transacted business in Florida, if prior to registration.)
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. ,	514 147 St. E
	Bradenton, FL 3421Z
	(Street Address of Principal Office)
б	
•	(Mailing Address)
7.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
	Name: Bysiness filings incorporated
	Office Address: 1200 S. Tine Island Rd.
	73101.0. 222211
	(City) Florida 39327
Re	gistered agent's acceptance:
thi	ving been named as registered agent and to accept service of process for the above stated corporation at the place designa a application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to com-
	h the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent.
W15	Phonostal Hachard Contract
	(Rogistored agent's signature)
0	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
0.	Mariorie 1 Traver 514 147th ST E Bradenton, FL 3427 =
_	The France Gill III Co F Radon by El 39717
	DAVIA WARRY SIGNATURE DYNAME TO THE DYNAME T
9	हार्य के Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custofic of records in
jur	isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the optificate purde
ot	the translator must be submitted)
	MANNA MANNA
	Companie di un autorizza person
I'h sui	is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information bruitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Mariorie I Traxler manager
	Typied 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, CHAMPIONS HOME 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 December 23, 2015, 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 January 27, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160127-1288
You may verify this electronic certificate
online at http://www.nvsos.gov/