M23000000184

| | (Requestor's Name) |
|---------------------------------------|--------------------------|
| | |
| | (Address) |
| | |
| | (Address) |
| | |
| · · · · · · · · · · · · · · · · · · · | (City/State/Zip/Phone #) |
| | |
| PICK-UF | WAIT MAIL |
| | |
| | (Business Entity Name) |
| | • , |
| | (Document Number) |
| | , |
| Certified Copies | Certificates of Status |
| | |
| Г | |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| W230001 | 0 8631 |
| <u> </u> | |

Office Use Only



700413368207

98/11/23--01001--008 **638.75

08/14/23--01001--007 **125.00





August 9, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: HOMES UNLIMITED LLC

Ref. Number: W23000108631

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

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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.

Corey Pettway Regulatory Specialist II

ALLAHASSEE, FLORI

Letter Number: 323A00018029

www.sunbiz.org

(850) 524-6243 Please use funds from this account: 120210000160 \$125.00 Authorization Signature: Homes Unlimited LLC **Business Name** Doc. # **Certified Copy of ARTICLES** Certificate of Status **NEW FILINGS AMENDMENTS Profit Corp** Amendment Not for Profit Resignation of R.A. Officer/Director __Limited Liability Change of Registered Agent Revocation of Dissolution Domestication __Merger Other Conversion **CORP** Amended and restated Articles LLLP **Statement of Authority OTHER FILINGS REGISTERATION/QUALIFICATIONS** Annual Report X Foreign filing Limited Partnership Reinstatement Fictitious Name APOSTILLE Other Country

- FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437

TALLAHASSEE, FL 32309

| | COVER LETTER |
|--|--|
| O: Registration Section Division of Corporations | |
| Homes Unlimited Lt.(| |
| N | lame of Limited Liability Company |
| he enclosed "Application by Foreign Limited Liabili xistence, and check are submitted to register the abo | ity Company for Authorization to Transact Business in Florida," Certificate o we referenced foreign limited liability company to transact business in Florida |
| lease return all correspondence concerning this many | |
| Ye Zhang | |
| | Name of Person |
| by Accounting Tax & Advisory | |
| | Firm Company |
| 14738 SW 23rd St | |
| | Address |
| Miami, Fl. 33185 | |
| | City/State and Zip Code |
| расобід іху-срадові | |
| E-mail address: (to | be used for future annual report notification) |
| r further information concerning this matter, please c | call: |
| Ve Zhang | 786 227-692N |
| Name of Contact Person | Area Code Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE S125 00 Filing Fee | ce & S155.00 Filing Fee & S160.00 Filing Fee, Carriffonts |

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

IN COMPLIANCE WITH SECTION 6050902. FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A TORIERY LIMITED FLABILITY COMPLNY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | | "Limited Fiability Company," "L.L.C.," or "FLC.") | |
|-----------------------------------|--|--|--------------------------|
| outre unavailable enset alternate | dame adopted for the purpose of transacting busin | ness in I lorsda. The alternate numer must include "Limited Liability Company |)." "L ()," or "L1 (") |
| California | | 87-2859318 | |
| Current too under the law of w | helt kiretgo limited liability company is impanted | (FEI number of applicable) | |
| January 1, 2022 | | A STATE OF THE STA | ' |
| | (Date First transacted business in Florida, it (See sections 60% Date), to 60% inters. E.S. & | private organization (| |
| 14738 SW 23rd St | | 14738 SW 23rd Si | |
| or Address of Principal Office) | | (Manage Salfreys) | |
| Miami, FL 33185 | | Miami, F1, 33185 | 2023 A |
| Same and a second la | | | — ් ්ර —— ්ර |
| zanie and Mizel'uddiss | of Florida registered agent: (P.O | . Box NOT acceptable) | : PA |
| Name: | Yuhan Yu | | ्र - |
| Office Address | 14738 SW 23rd St | | ∏, ø |
| | Miami | 33185 —————— Florida | |
| | (Cmy) | (/p code) | |
| stered agent's accepti | ince: | e of process for the above stated limited liability comp | |

- Yuhan Yu (Represent agent's segnature) 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------|--------------------|---------------------------|
| ≣Manager | Name: Yu. Yuhan | ■Manager | Name: Quan, Meiping |
| ≣Member | Address: 14738 SW 23rd St | ≣ Member | Address: 14738 SW 23rd St |
| ≅ Authorized | Miami, FL 33185 | ■Authorized | Miami, FL 33185 |
| Person | | Person | |
| T(Mher | Ther | [[Other | □Other |
| □ Manager | Name: | □ Manager | Name: |
| □Member | Address; | □Member | Address: |
| Authorized | | ☐Authorized | |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| ∐Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| _Other | Other | _Other | |

Important, Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 \$817,155, F.S.

| _ Yuhan_Yu_ | | |
|-------------|-----------------------------------|--|
| _, | Signature of an authorized person | |
| Yuhan Yu | | |
| | Exped or printed name of owner | |

^{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)



I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: HOMES UNLIMITED LLC

Entity No.: 202126011157 Registration Date: 09/15/2021

Entity Type: Limited Liability Company - CA

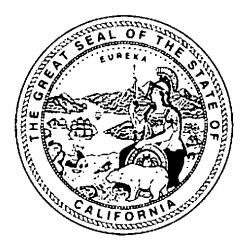
Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 07, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 135856128

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.