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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W17-61945					

Office Use Only



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FILED
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DIVISION OF CORT GRAFICKS

O SIIVIMONS



June 22, 2017

FELIX DUQUE 20301 SW 280 ST HOMESTEAD, FL 33031

SUBJECT: FB HOMES, LLC Ref. Number: W17000051945

We have received your document for FB HOMES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00012688

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COVER LETTER

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TO: Registration Section Division of Corporati					
SUBJECT: FB Hom		Limited Liability C	ompany		
				ansact Business in Florida," Certificate of y company to transact business in Florida	
Please return all correspondence	e concerning this matter to the	following:			
Felix (Duque				
	N	ame of Person			
FB Ho	mes, LLC				
Firm/Company					
20301 SW 280 Street					
		Address	,		
Homestead, FL 33031					
	City/S	State and Zip Code	•		
foliage	plants@hotma	ail.com			
E-mail address: (to be used for future annual report notification)					
For further information concern	ing this matter, please call:				
Felix Duqı	ıe	_at (<u>786</u>	, 295	5-7813	
Namo	e of Contact Person	Area Code	Day	vtime Telephone Number	
MAILING ADDRESS Division of Corporation				r ADDRESS: of Corporations	
Registration Section		Registration Section Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314			2661 Ex	ecutive Center Circle see, FL 32301	
Enclosed is a check for the followard \$125.00 Filing Fee	owing amount: [1] \$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 WILLI SECTION 605 6902, FLORIDA STATUTES, THE POLLOWING IS SUBSTITED TO RECESTER A PORFIGIN. LIMITED HARLITY

COMPANY TO TRANSPICT BESINESS IN THE STATE OF FLORIDAY FB HOMES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.C.," or "I.I.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The ulternate name must include "Limited Linbility Company," "L.L.C," or "LLC.") Nevada (Jurisdiction under the law of which foreign limited liability (I'El sumber, il applicable) company is organized) FILED
17 JUL 24 PH 1: 34
DIVISION OF CONTURNATIONS (Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to dotermine penalty liability) 20301 SW 280TH ST. Homestead FL 33031 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Business Filings Incorporated Name: 1200 South Pine Island Road Office Address: Plantation Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Felix Duque Mgr 20301 SW 280TH ST. Homestead FL 33031 Bedita Ceron Mgr 20301 SW 280TH ST. Homestead FL 33031 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) Signature of an authorized person 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 s.817.155, F.S. Felix Duque

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, **FB HOMES**, **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 28, 2016, 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 July 19, 2017.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170719-0558
You may verify this electronic certificate
online at http://www.nvsos.gov/