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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Earth Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	New Filing Section Division of Corporation			
SUBJ	ECT: Luxury Hor	ne Solutions		
	***************************************		ion - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existence,		or Authorization to Transac tanding" and check are sub- iness in Florida.	
Please	return all correspo	ndence concerning this mat	ter to the following:	
Marco	Kozlowski			
		Name	of Person	
Luxury	Home Solutions			
		Firm/C	ompany	_
9360 v	v Flamingo Blvd #1	10-245		
		Ad	dress	
Las Ve	egas, NV, 89147			
		City/Stat	e and Zip code	
marco	@lhsoffice.com			
		E-mail address: (to be use	d for future annual report n	otification)
For fur	ther information co	oncerning this matter, pleas	e call:	
Brad W	Veimert	at (407) 279.0774	
	Name of Person		ea Code & Daytime Telepho	one Number
	STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Country Tallahassee, FL	orations Center Circle	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fi	ction prporations
Enclos	ed is a check for th	e following amount:		
☑ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Luxury Home Solutions, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
	(If name unavailable in Florida, enter alternate corporate name	ne	adopted for the purpose of transacting busine	ss in Florida)	•	
2.	Nevada	3.	270887714			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	9/8/2009	5.	perpetual			
	(Date of incorporation)		(Duration: Year corp. will cease to exist or	"perpetual")	-	
6.	have not yet					
	·		n Florida, if prior to registration)			
	·		502, F.S., to determine penalty liability)			
7.	9360 w Flamingo BLVD #110-245, Las Vegas, NV 8914				-	
	(Principal office ad	dd	ress)			
9360 w Flamingo BLVD #110-245, Las Vegas, NV 89147					<u> </u>	
	(Current mailing ac	dd	ress)	SA-SA-SA-SA-SA-SA-SA-SA-SA-SA-SA-SA-SA-S	HAR -	
8.	Real Estate Seminars and educational			ASSET C		
	(Purpose(s) of corporation authorized in home state or	cc	ountry to be carried out in state of Florida)	்.	3	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					PM 4: 3	
	Name: KAREN WHITHAM Tice Address: 3956 TOWN CENTER OPLANDO (City)		and the state of t	≸'''		
Of	ffice Address: 3956 TOWN CENTER	r	BWD			
	OpenDo		Florida 32837			
	(City)		(Zip code)			

10. 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.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:

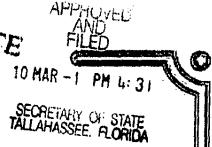


A. DIRECTORS

Chaitman	Marco Kozlowski	10 MAR - 1 PM 4: 31	
Address:	14513 Astina Way, Orlando, FL 32837	SECRETARY ÚT STATE Tallahassee. Fl orid a	
Vice Chai	rman:		
Address:			<u></u>
Director:		•	
Address:			
Director:			
Address:			
B. OFFI	CERS		
President:	Brad Weimert	·	. ,
Address:	601 Pidgewood et Ann Arbor, MI 48103		
Vice Presi	dent:		· · · · · · · · · · · · · · · · · · ·
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing	additional officers and/or directors.	
	(Signature of Director or Officer listed in number 12 cco Kozlowski	of the application)	
14. <u>Ividi</u>	(Typed or printed name and capacity of person sign	ing application)	

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, LUXURY HOME SOLUTIONS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 8, 2009, and is in good standing in this state.

SEVADA SE

Electronic Certificate
Certificate Number: C20100225-0761
You may verify this electronic certificate

online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 25, 2010.

ROSS MILLER Secretary of State