

FIS 000002451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

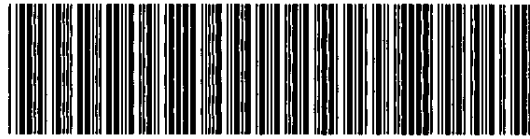
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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800273292288

05/26/15--01050--016 \*\*70.00

FILED

2015 JUN -1 PM 1:40

SECRETARY OF STATE  
GOV. ASSISTANT 110010

~~W45000037577~~

6/9/15

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PHOENIX HOME SOLUTIONS INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RUTH ROBERT

Name of Person

PHOENIX HOME SOLUTIONS INC

Firm/Company

4616 W SAHARA AVE STE 252

Address

LAS VEGAS, NV 89102

City/State and Zip code

RACAPINVESTORS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH ROBERT

Name of Person

at ( 754 ) 245-0395

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2015

RUTH ROBERT  
4616 W SAHARA AVE., STE 252  
LAS VEGAS, NV 89102

SUBJECT: PHOENIX HOME SOLUTIONS INC  
Ref. Number: W15000037517

We have received your document for PHOENIX HOME SOLUTIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name and document number of conflict is, " L15000021540 - PHOENIX HOME SOLUTIONS LLC".

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) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 715A00011155

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. PHOENIX HOME SOLUTIONS INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PHOENIX HOME SOLUTIONS OF NEVADA INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 05/21/2015

(Date of incorporation)

5.

"PERPETUAL"

(Duration: Year corp. will cease to exist or "perpetual")

6. "NOT APPLICABLE"

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4616 W SAHARA AVE STE 252 LAS VEGAS, NV 89102

(Principal office address)

4616 W SAHARA AVE STE 252 LAS VEGAS, NV 89102

(Current mailing address)

8. REAL ESTATE INVESTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

, Florida

33607

(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.

Bill Havre

Bill Havre - President

(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.

FILED  
2015 JUN 1 PM 1:40  
SECRETARY OF STATE  
TAMPA FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: RUTH ROBERT

Address: 4616 W SAHARA AVE STE 252

LAS VEGAS, NV 89102

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: RUTH ROBERT

Address: 4616 W SAHARA AVE STE 252

LAS VEGAS, NV 89102

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: TARIO ROBERT

Address: 4616 W SAHARA AVE LAS VEGAS, NV 89102

Treasurer: TARIO ROBERT

Address: 4616 W SAHARA AVE LAS VEGAS, NV 89102

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. RUTH ROBERT

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



## CORPORATE CHARTER

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that **PHOENIX HOME SOLUTIONS INC**, did on May 21, 2015, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 21, 2015.

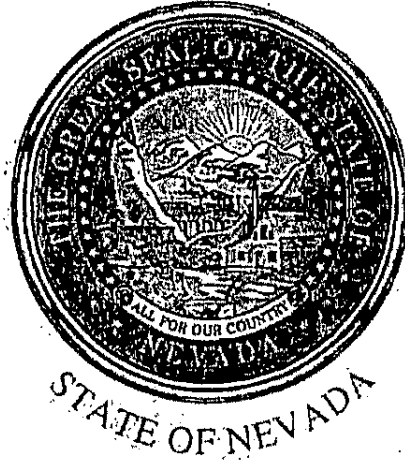
*Barbara K. Cegavske*

BARBARA K. CEGAVSKE

Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20150521-1897  
You may verify this certificate  
online at <http://www.nvsos.gov/>

# SECRETARY OF STATE



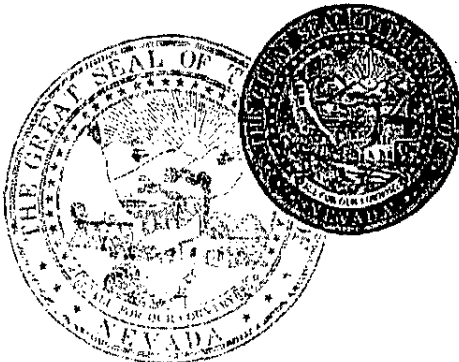
## NEVADA STATE BUSINESS LICENSE

**PHOENIX HOME SOLUTIONS INC**  
Nevada Business Identification # NV20151322625

**Expiration Date: May 31, 2016**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 21, 2015

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

**You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.**

License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.