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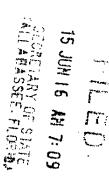
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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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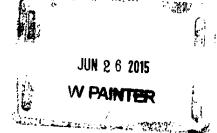




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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: RE HOME SO Name of corporate	LUTIONS, INC.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	e Julien
RE HOME SOLUTION	of Person Company
65455W 18st A	ddress
hand the Quation (te and Zip code CVV Sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Offsethe? - Julian at (78) Name of Person An	rea 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 \$\sigma\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA S EIGN CORPORATION TO TRANSACT		
Δ	OME SOLUTIONS,		
(Enter name of co	rporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ness in Florida)
2. NeVa	da 3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	le)
4. 5111	4/15 5.	(Duration: Year corp. will cease to exist	
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
6	(Date first transacted husiness i	in Florida, if prior to registration)	
		502, F.S., to determine penalty liability)	
7			
0 1	(Principal office add		2 2
6545	SW 18 ST Apt. W N (Current mailing add	linamar, FL 330	43
	(Current maning and		A 2: -
8. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	5 Ju
Name:	Dyberthe Luvios	BeJuhan	32 H
Office Address:	6545 SW 185+		ms s
Office Address.	No.	22200	T S T
	Miranae (City)	, Florida <u>33045</u> (Zip code)	8 7:05 10:05
0 Destates 1		(,	
9. Registered age Having been nam	ent's acceptance: ed as registered agent and to accept serv	vice of process for the above stated cor	poration at the place
	application, I hereby accept the appoint omply with the provisions of all statutes		
	amiliar with and accept the obligations		ijormunce oj my
	Sylethe P. Jul		
<u></u>	(Registered agent's	signature)	

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Delasthe Clauricse Tulian
Address: 65 \$ 5 5 W 18 st Apt 10 Minaman FL 33023
·
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary: Deflathe ?. Julian
Address: 6545 Sw 185+ Apt W Miraway, FC 33023
Treasurer: Dy berthe, ?. Telieu
Address: Same Alove
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12 Dulethe ? Tillou
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 constitute a third degree felony as provided for in \$.817.155, F.S.
13 Dyberthe PLUVIOSE Julian

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

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, **RE 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 May 14, 2015, and is in good standing in this state.

O CONTRACTOR OF THE PARTY OF TH

Electronic Certificate
Certificate Number: C20150601-1698
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 June 1, 2015.

Sochora K. Cegavske Barbara K. CEGAVSKE

Secretary of State