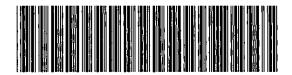
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ATURETARY OF STATE TALLAHASSEE, FLORIDY

FILED FILED

J. HARRIS

COVER LETTER

TO:	New Filing Se Division of Co				
STIRT	ECT:	JHOB HOM	1ES	S, INC	
o O Da	ECI.			- must include suffix	·
Dear S	Sir or Madam:				
"Certi	ficate of Existen	ition by Foreign Corporation ce," or "Certificate of Good gn corporation to transact b	t Stan	iding" and check are sul	act Business in Florida," bmitted to register the
Please	return all corres	pondence concerning this n	nattei	to the following:	
JOA	THOM NA	E		_	
		Nam	e of	Person	
	JHOB HO	MES, INC			
		Firm	/Com	pany	
745	ORCHA	RD AVE			
ORI	MOND BE	EACH, FL 32174	Addre	ess	
************		City/St	ate a	nd Zip code	
hrgji	mm@hotm				
		E-mail address: (to be i	ised f	or future annual report	notification)
For fur	ther information	concerning this matter, ple	ase c	all:	
JOA	AN MONT	E ,,38	6	<u>,</u> 675 6611	
	Name of Perso			Code & Daytime Teleph	one Number
Enclos	New Filing Sec Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	.00 Filing Fee	578.75 Filing Fee & Certificate of Status		\$78.75 Filing Fec & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 24, 2015

JOAN MONTE 745 ORCHARD AVE ORMOND BEACH, FL 32174

SUBJECT: JHOB HOMES, INC Ref. Number: W15000043426

We have received your document for JHOB HOMES, 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00013313

15 JUL -7 AHIO: 51

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.

	NEVADA 3.	ted for the purpose of transacting bu	
	ry under the law of which it is incorporated)	(FEI number, if applica	ible)
	5/21/2015 5. (Du fincorporation)	ration: Year corp. Will cease to exis	st or "nemetual")
. (1201)	or anotyposation, (Di	and one of the control of the contro	·
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, 1		
	745 Orchard Ave	Ormand Beach FL	32174
	(Principal office address)		
	(Current mailing address)	Ormand Beach Fl	32179
me and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Bo Business Filings Incorporated	X NOT acceptable)	SECONO SE
e Address:	1200 South Pine Island Road	•	
	Plantation	Florida 33324	SE 9:
Address.		407	三 三 三 三
c Address.	(City)	(Zip code)	<u> </u>
	(City)	(Zip.code)	AM 10: 51 OF STATE E, FLORID
gistered ag	(City) ent's acceptance:	(Zip.code)	₩

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: Vice Chairman: __ Address: _ Director: JOAN MONTE 745 ORCHARD AVE ORMOND BEACH FL32174 Address: **B. OFFICERS** President: HERMANN REISIG Address: 745 ORCHARD AVE ORMOND BEACH FL32174 Vice President; Address: Secretary: JOAN MONTE 745 ORCHARD AVE ORMOND BEACH FL32174 Treasurer: HERMANN REISIG 745 ORCHARD AVE ORMOND BEACH FL32174 NOTE: If necessary, you may attach, an addendum to the application listing additional officers and/or directors. 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. 13. JOAN MONTE, SECRETARY

(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, **JHOB HOMES**, **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 21, 2015, 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 June 16, 2015.

Souhora K. Cegavske BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150616-2364
You may verify this electronic certificate
online at http://www.nvsos.gov/