

FI6000001983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

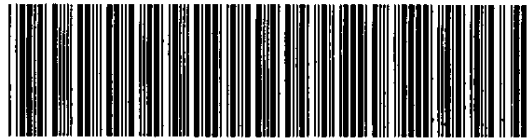
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 APR 25 P 3:44
CLERK OF STATE
TAMPA, FLORIDA

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APR 29 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMES 2 BUY, 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:

SHIRLENE REAVES

Name of Person

CORPORATE CAPITAL INC

Firm/Company

2905 LAKE EAST DR STE 150

Address

LAS VEGAS NV 89117

City/State and Zip code

processing@corporatecapitalinc.com

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

For further information concerning this matter, please call:

Shirlene Reaves

702

623-2500

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

**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. HOMES 2 BUY, 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 adopted for the purpose of transacting business in Florida)
NEVADA

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/09/2010 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. Old Document# M12000005289 FILED CONVERSION IN HOME STATE ALREADY
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7837 VENTURE CENTER WAY STE 5101, BOYNTON BEACH FL 33437
(Principal office address)

(Current mailing address, if different)

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

Name: VIVIAN CAVER

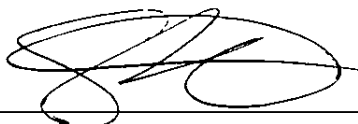
Office Address: 7837 VENTURE CENTER WAY STE 5101

BOYNTON BEACH, Florida 33437
(City) (Zip code)

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2010 10 25 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 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)

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: VIVIAN CAVER

Address: 7837 VENTURE CENTER WAY STE 5101

BOYNTON BEACH, FL 33437

Director: _____

Address: _____

B. OFFICERS

President: VIVIAN CAVER

Address: 7837 VENTURE CENTER WAY STE 5101

BOYNTON BEACH, FL 33437

Vice President: _____

Address: _____

Secretary: VIVIAN CAVER

Address: 7837 VENTURE CENTER WAY STE 5101, BOYNTON BEACH, FL 33437

Treasurer: VIVIAN CAVER

Address: 7837 VENTURE CENTER WAY STE 5101, BOYNTON BEACH FL 33437

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. VIVIAN CAVER - PRESIDENT

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

FILED
2012 APR 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAUSKE, 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, **HOMES 2 BUY, 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 August 9, 2010, 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 April 21, 2016.

Barbara K. Cegauske

BARBARA K. CEGAUSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160421-1412
You may verify this electronic certificate
online at <http://www.nvsos.gov/>