FIVOOOOHOVA

| (Re | equestor's Name) | | | |
|--------------------------|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nar | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| | gistration Section vision of Corpora | | | | | | | |
|---|---|--|------------|------------------------------|--|--|--|--|
| | ANEW 4U Ho | me Enterprises, Inc. | | | | | | |
| Name of corporation - must include suffix | | | | | | | | |
| Dear Sir o | r Madam: | | | | | | | |
| "Certificat | e of Existence," o | by Foreign Corporation for "Certificate of Good Supportion to transact bus | tanding" | and check are sub | ct Business in Florida," mitted to register the | | | |
| Please retu | ırn all corresponde | ence concerning this mat | ter to the | following: | | | | |
| Lizbel T. J | effrey | | | | | | | |
| | | Name | of Person | <u> </u> | | | | |
| ANEW 4U | Home Enterprises, | Inc. | | | | | | |
| | | Firm/C | ompany | | | | | |
| 2023 N. A | lantic Ave., #243 | • | | | | | | |
| | | Ad | dress | | | | | |
| Cocoa Bea | ch, FL 32931 | | | | | | | |
| | | City/State | and Zip | code | · · · · · · · · · · · · · · · · · · · | | | |
| ltjeff15@h | otmail.com | | | | | | | |
| | E | -mail address: (to be use | d for fut | ure annual report r | notification) | | | |
| For furthe | r information con | cerning this matter, pleas | e call: | | | | | |
| Lizbel T. J | effrey | 214 at (| 63 | 2-7343 | | | | |
| N | ame of Person | Area C | ode | Daytime Telep | hone 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 | | .75 Filing Fee & tified 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.

| ANEW 4U Hon | ne Enterprises, Inc. | | |
|-----------------------------------|---|------------------------------------|--------------------------|
| (Enter name of co | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATIC | N," |
| (If name unavaila | able in Florida, enter alternate corporate name ad | lopted for the purpose of transact | ing business in Florida) |
| Nevada 2. | · | 16-3702932 | • |
| (State or country September 9, 20 | y under the law of which it is incorporated) | (FEI number, if a | |
| (Date | of incorporation) | (Date of duration, if other | r than perpetual) |
| 7 | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 Ave., #243, Cocoa Beach, FL 32931 (Principal | | ility) |
| | (Current mailing | address, if different) | 7 C |
| 8. Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | 12 |
| Name: | Lizbel T. Jeffrey | | OF S |
| Office Address: | 2023 N. Atlantic Ave., #243 | | ORIE |
| | Cocoa Beach | 3 29 31 , Florida | A W |
| | (City) | (Zip code) | • |

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. DIKI | CTORS | | | | |
|--------------|---|---------------------------------------|---------------|-------------|---------------|
| Chairman | | · · · · · · · · · · · · · · · · · · · | | | |
| Address: | | | | | |
| _ | | | | | |
| Vice Chai | rman: | | | | |
| Address: | · · · · · · · · · · · · · · · · · · · | | ··· | | ., |
| - | Lizbel T. Jeffrey | · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| Director: | 2023 N. Atlantic Ave., #243, Cocoa Beach, FL 32931 | | ··-·········· | | |
| Address: | 2023 N. Atlantic Ave., #243, Cocoa Beach, 1 E 32931 | | | | |
| Director: | Michael S. Jeffrey | | | | |
| | 2023 N. Atlantic Ave., #243, Cocoa Beach, FL 32931 | | | | |
| D OFF | | <u> </u> | | | |
| B. OFF | Lizbel T. Jeffrey | | 9 | anitations. | |
| President: | | <u> </u> | 2 | Terrande. | |
| Address: | 2023 N. Atlantic Ave., #243, Cocoa Beach, FL 32931 | 77-8 71 ₀ | ٠ | m | |
| | | F ST | D D | 0 | |
| Vice Presi | Michael S. Jeffrey dent: | ATE RID/ | | | • |
| | 2023 N. Atlantic Ave., #243, Cocoa Beach, FL 32931 | 2 | - | | |
| | | | | | |
| Secretary: | Lizbel T. Jeffrey | | | | |
| Address: | 2023 N. Atlantic Ave., #243, Cocoa Beach, FL 32931 | | | | |
| Treasurer: | Michael S. Jeffrey | | | | |
| Address: | 2023 N. Atlantic ave., #243, Cocoa Beach, FL 32931 | | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional of | officers and/ | or direc | ctors. | |
| 12 | Tigled 1 | | | | |
| The offic | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) aff | irms that the | facts s | stated hero | ein |
| are true a | and that he or she is aware that false information submitted in a document to the agree felony as provided for in s.817.155, F.S. | | | | |
| | el T. Jeffrey | | | | |
| | (Typed or printed name and capacity of person signing applicati | ion) | | | |





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, ANEW 4U HOME ENTERPRISES, 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 9, 2013, and is in good standing in this state.

VEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 7, 2016.

Ballora K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160707-1831
You may verify this electronic certificate
online at http://www.nvsos.gov/