

F20000002683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

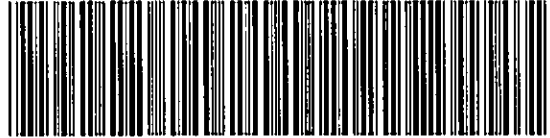
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAST CASH 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:

Tami Giddings

Name of Person

FAST CASH HOME SOLUTIONS, INC

Firm/Company

817 SE 2nd Ave. Suite 612

Address

Ft. Lauderdale, FL 33316

City/State and Zip code

tamirgiddings@gmail.com

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

For further information concerning this matter, please call:

Tami Giddings

Name of Person

at ( 914 )

Area Code

320-8057

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. FAST CASH HOME SOLUTIONS, 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)

2. Nevada

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 03/03/2015

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702

(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 Agents Inc.

Bill Havre

- Assistant Secretary

(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.

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20 JUN 15 PM 3:14

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

**A. DIRECTORS**

Chairman: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

Vice Chairman: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

Director: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

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

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

**B. OFFICERS**

President: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

Vice President: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

Secretary: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

Treasurer: Tami Giddings

Address: 817 SE 2nd Ave. Suite 612 Ft. Lauderdale, FL 33316

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

12. Tami Giddings  
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. Tami Giddings, President

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

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **FAST CASH HOME SOLUTIONS, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/03/2015, 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 06/03/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20200603836008

You may verify this certificate  
online at <http://www.nvsos.gov>