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SECRETARY OF STATE A

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JAN 28 2009

**EXAMINER** 

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Home, Loan Management Solutions LLC (Name of Minited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
HENRY FOJAS (Name of Person)
Home Loan Management Solutions LLC (Firm/Company)
5117 Main St. Suite 2
(Address)
Obwners Grove 12 60515  (City/State and Zip Code)
(City/State and Zip Code)
Downers Grove 11 62515  (City/State and Zip Code)  For further information concerning this matter, please call:
(Name of Person) at (630) 968-2120 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{3}\frac{1}{2

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 Home Jean Management Solutions LLC
1. Home van Management Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Newada (Jurisdiction under the law of which foreign limited liability) 3. 26-313 6338 (FEI number, if applicable)
company is organized)
4. August 4, 2018 (10 years)  [Duration: Year limited liability company will cease to exist or "perpetual"]  [Duration: Year limited liability company will cease to exist or "perpetual"]
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
5117 Marin St. Suite 2 Downers Grove 11 60515
8. If limited liability company is a manager-managed company, check here
Bentle Brook Realty LIC 8501 Benidorm Ave. Las Vegas NO 89178 Plus Point Venture Broup LLC 8501 Benidorm Ave Las Vegas NV 89178
TIVE FOINT VENTURE Group LLC 8501 Denicorm the Las vegas
NV 89178
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Property Management & Business Support Services
Sthurtosi
Signature of a member of an authorized representative of a member.  (In accordance with section 608.408/3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
HENRY FOLAS
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Home Loan Management Solutions LLC	<del></del>	_
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	2	-
Guillermo Fójas (Name)  1957 Oakmont Or.	2009 JAN 27 SECRETAR TALLAHASS	Martingen Latination
Florida Street Address (P.O. Box NOT ACCEPTABLE)	7 AM 11: 06 RY OF STATE SEE, FLORIDA	in O
Jacksonville FL 32211 City/State/Zip	TATE ORIDA	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **HOME LOAN MANAGEMENT SOLUTIONS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 4, 2008, and is in good standing in this state.

OF STATE OF

Electronic Certificate
Certificate Number: C20080807-1691
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 August 7, 2008.

ROSS MILLER Secretary of State