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(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
· (Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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MAR 16 2010

**EXAMINER** 

#### COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	`:	HomeSmart LLC
		Name of Limited Liability Company
		d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please retu	rn all correspondence concerning t	his matter to the following:
		Bonnie Mashiach
		Name of Person
		HomeSmart LLC
		Firm/Company
		6518 Las Flores Dr.
		Address
		Boca Raton, FL 33433
	<del></del>	City/State and Zip Code
	h	omesmartconsulting@gmail.com
		ress: (to be used for future annual report notification)
For further	information concerning this matter	r, please call:
	Susan Luxenber	g at (561) 699-6079
_	Name of Person	Area Code & Daytime Telephone Number
Di Re P.	vision of Corporations egistration Section O. Box 6327 Illahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed	is a check for the following a	imount:
		Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate cate of Status Certified Copy

### 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.	HomeSmart LLC	
- •	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-
	HomeSmart Solutions LLC	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the purpose of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilompany," "L.L.C," "LLC.")	
2.	Delaware 3. 27-1296963	
	Delaware 3. 27-1296963 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	-
4.		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
7.	6518 Las Flores Drive.	_
	Boca Raton, FL 33433	
	(Street Address of Principal Office)	i i
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Bonnie Mashiach, 6518 Las Flores Dr, Boca Raton, FL 33433	
	Susan Luxenberg, 6518 Las Flores Dr., Boca Raton, FL 33433	
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiprisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	Accessibility Consultants	
	Wearber -	
	Signature of a member or 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.)	
	Susan Luxenberg	
	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:		
HomeSmart LLC		
If unavailable, the alternate to be used in the state of Florida is:		
HomeSmart Solutions LLC		
2. The name and the Florida street address of the registered agent and office are:		
Bonnie Mashiach (Name)		
(ivaiic)	10 M	
6518 Las Flores Dr.	MAR AHAS	Ĭ
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSE 5	-
Boca Raton, <b>F</b> L 33433	FES PH I	ŀ
City/State/Zip	IATE ARIDA	

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.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOMESMART LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE SEVENTH DAY OF JANUARY, A.D. 2010.

4748365 8300

091136019

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 7746120

DATE: 01-07-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

March 10, 2010

The Managers agree to file an Application for Authorization to Transact Business in Florida. The preferred filing name is HomeSmart LLC. If this name is not acceptable, the Managers agree to file this Application under the alternate name of HomeSmart Solutions LLC.

Bonnie Mashiach, Manager

Susan Luxenberg, Manager

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