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EXAMINER

#### **COVER LETTER**

Division of Corporations			
SUBJECT: ALPHA HOMES	TNVESTING GROUP, L.L.C. ne of Limited Liability Company		
Nar	ne of Limited Liability Company		
	ility Company for Authorization to Transact Business in bove referenced foreign limited liability company to trans		
Please return all correspondence concerning this ma	atter to the following:		
MAYRA	Name of Person		
	Name of Person		
ALPHA	- Homes Investing Group, a	<u>L.L.</u> C.	
	Firm/Company		
1195 NW 1	4 AV, AYT L Address		
BOCA RAT	City/State and Zip Code  Lava C Smail. Com  to be used for future annual report notification)		
	City/State and Zip Code		
1 mayra	.lara@ smail.com		
E-mail address: (	to be used for future annual report notification)		
For further information concerning this matter, plea	se call:		
MAYRA LARA	at (501) 702-0610  Area Code & Daytime Telephone Number	MAIZ MOV 26 SECRETARY TALLAHASSE	, ·
Name of Person	Area Code & Daytime Telephone Number		, <sub>1</sub> , ,
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	PTT	
Registration Section	Registration Section		į
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		•
Tallahassee, FL 32314	Tallahassee, FL 32301	S. C.	
Enclosed is a check for the following amount \$125.00 Filing Fee \$\int_{\text{Certificate of State}}^{\$\$125.00 Filing Fee}\$	e & \$155.00 Filing Fee & \$160.00 Filing Fee,		

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

	OMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
1		
1. —	ALPHA HOMES INVESTING GROUP, L.L.C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	MPHAHOMES R.E. SOLUTIONS, L.L.C.	
conse	ume unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the went of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.")	
2.	STATE OF NEVADA  urisdiction under the law of which foreign limited liability  (FEI number, if applicable)	
cor	mpany is organized)	
4	(Date of Organization)  5. PERPETURE  (Duration: Year limited liability company will cease to	
	(Date of Organization) (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	1195 NW 16 NE - APT 1	
	BOCA RATON, FL 33484 (Street Address of Principal Office)	
	(Street Address of Principal Office)	
8. If	f limited liability company is a manager-managed company, check here	~ :
9. T	the name and usual business addresses of the managing members or managers are as follows:	i i di geriyesi
-	MAYRA LARA - 1195 NW 16 AVE, APT 1, BOCA PATON 33.48	7
	Con Control of the Co	
_	3. Co,	
theju	attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under oath of the translator must be submitted.)	nds in
11. ]	Nature of business or purposes to be conducted or promoted in Florida: WEAL USTATE	
,	INVESTMENTS	
<b>à</b> _	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. I am aware that any 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.)	
	MAYRA B. LARA	
	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:	
ALPHA HOMES INVESTING GROUP, L.L.C	•
If unavailable, the alternate to be used in the state of Florida is:	
ALPHA HOMES R.E. SOLUTIONS, L.L.	<i>C</i> .
2. The name and the Florida street address of the registered agent and office are:	
100000 0 1 1 1 0 1	
MAMICA B. LARA (Name)	– For B
1195 NW 14 AVE - APT 1	#IZ NOV 26
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
BOM RATON FL 33484 City/State/Zip	OF STARY 1 P 29
City/State/Zip	15 To
Having heen named as registered agent and to accept service of process for the above s	pe

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)

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, ALPHA HOMES INVESTING GROUP, 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 October 17, 2012, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20121106-1655
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 November 6, 2012.

ROSS MILLER Secretary of State

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