M13000003401

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200247859802

05/13/13--01013--021 **125.00

SECRETATE PRINTERS



MAY 3 0 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2013

PHALEN FREY 2851 S. OCEAN BLVD. 3K BOCA RATON, FL 33432

SUBJECT: HOME FREY'S, LLC Ref. Number: W13000028219

We have received your document for HOME FREY'S, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90° days prior to the delivery of the application to the Department of State, stuly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/erganized, records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 713A00012019

COVER LETTER

TO:	Registration Section Division of Corporati	ions				
SUBJE	ст: Но	ME	rey S, LLC Name of imited Liability Company			
			Liability Company for Authorization to the above referenced foreign limited liabi			
Please r	eturn all corresponden	ce concerning thi	is matter to the following:			
	Pr	ialen	Frey Name of Person			
			Firm/Company			
	285	1 5.00	cean Blvd, 31	-		
	Boco	a Rat	on FL 33.432 City/State and Zip Code	2		
	PP.F	Fey @	Win-winvento	ures incream)	
For furt	her information concer	ning this matter,	please call:	: T 22 ca	200	
	Phalen	rey	at 561 , 2:	21-5445		, i.i.
	Nar	ne of Perun	Area Code & Daytime Telepho	ne Number	29	•
	MAILING ADDRES Division of Corporati		STREET ADDRESS: Division of Corporations	The state of the s		, j
	Registration Section		Registration Section	# S 등록	င့် ငှင်	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	P.O. Box 6327 Tallahassee, FL 3231	4	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	\$	<u>, , , , , , , , , , , , , , , , , , , </u>	
Enclos	sed is a check for the \$125,00 Filing Fee	te following ar	ng Fee & S155.00 Filing Fee &	\$160.00 Filing Fee, Certificat of Status & Certified Copy	e	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREI LIMITED LIABILITY (1 MITTANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IGN
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.J.,C.," or "LJ.C.,"	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	ten
2 Nevada 3 46-1291544	
company is organized;	
4. 10 28 2012 (Date of Organization) 5. Perpetua (Duration: Year limited liability company will cease to	
exist or "perpetual") 6.	
(Date first transacted business in Florida, it prior to registration.)	
Bôca Raton, FL 33432	
Bôca Raten, FL 33432	
(Street Address of Principal Office)	•
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: 👙 🥴	
Malen Frey 2851 5 Ocean Blive 37 5	
Phalen Frey 2851 5 Ocean Blvd, 32 5 Boca Raton, FL 33432	
10. Attack to an original anti-front of a sixtana and the CO to add to be about the CO in the in-	· - -
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	i in
translation of the certificate under cath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate	
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 periory 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.)	
thalen frey	
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 Frey'S; HE		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: Phalen Frey (Name) 28'51 S. Ocean Blvd 3K Florida Street Address (P.O. Box NOT ACCEPTABLE) Boca Raton EL 33432 City/State/Zip	2813 MAY 29 PM 3: 16 3EUNE DARY OF STATE TALLAHASSES FLORIDA	

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)



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 FREY'S, 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 29, 2012, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130422-1468
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 April 22, 2013.

ROSS MILLER Secretary of State