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14 APR -7 PM 3: 14

APR - 7 2014 J. HARRIS

J. HARRIS

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: THT Home Solutions LLC Name of Limited 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:
JASSIE / AguilA
TMT Home Solutions, 12C
2650 Marina Bay Drive east Apt 109
Ft. Lauderdale FL 333/2 City/State and Zip Code
ImthomeSolutionsagnail-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JASSIC Aguila at (954) 800-565/ Name of Contact Person at (954) Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, 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 amount: \$\Bigsup \frac{1}{2} \\$125.00 \text{ Filing Fee} \\ \$\Certificate \text{ Certificate of Status} \\ \$\Certificate \text{ Certified Copy} \\ \$\Certificate \text{ Certified Copy} \\ \$\Certificate \text{ S160.00 Filing Fee, Certified Copy} \\ \$\Certificate \text{ Certified Copy} \\ \$\Certificate \text{ Certified Copy} \\ \$\Certificate \text{ S160.00 Filing Fee, Certified Copy} \\ \$\Certificate \text{ Certified Copy} \\ \$\Certificate \text{ S160.00 Filing Fee, Certified Copy} \\ \$\Text{ S160.00 Filing Fee, Certified Copy} \\ \$ S16



March 12, 2014

JASSIEL AGUILA 2650 MARINA BAY DR E #109 FT LAUDERDALE, FL 33312

SUBJECT: TMT HOME SOLUTIONS, LLC

Ref. Number: W14000016090

We have received your document for TMT HOME SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 714A00005445

SECRETARY OF STATE
DIVISION OF COMPORATIONS

16 APR -7 PM 3: 16

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1 IMT Home 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")	
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. Not Halicable (Figure number, if applicable)	
4. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 2650 Marina Bay Drive East ApT-109	
Ft. laudendale FL 333/2 (Street Address of Principal Office)	
6. 2650 Maring Bay Drive East Apt-109	
Ft. lauderdate Fl 333/2	
The manufacture of the manufactu	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Jassiel Aguila - 2650 Marina BAY Drive east APT-LOG Manager Ft. Lauderdale, KL, 33313	
77-240cerdale, PL, 33373	
Alok Sandra Soboleva - 2650 Harina BAY Drive Cast Apt - 109 (Hanggar) Ft. Lauderdale, FL1333	
(Managea) 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official	10
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)	
- Jiguila	
Signature of an authorized person (In accordance with section 605.0203, 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.)	
TASSIE Aquila Typed or printed name of signee	
Typed or printed name of signee	
PR -	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

IMI Home Solutions, 2LC
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:
Buisness Filings Incorporated
5 15 PANK AVENUE Florida Street Address (P.O. Box NOT ACCEPTABLE)
TALLahasst FL 32301 City/State/Zip

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 605, 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)

DIVISION OF CORPORATIONS

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, TMT HOME 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 February 10, 2014, and is in good standing in this state.

OF THE STATE OF TH

Electronic Certificate
Certificate Number: C20140219-3057

online at http://www.nvsos.gov/

You may verify this electronic certificate

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 19, 2014.

ROSS MILLER

__Secretary of State