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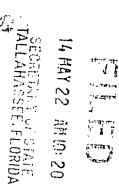
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

	sistration Section ision of Corporation	s		
SUBJECT:	AMER	L _ DREAM Name of Limi	Homes LL ted Liability Company	-C
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please return	all correspondence c	oncerning this matter to th	ne following:	
		elos G 1	MASS A	
	1	meri - Di	Clam Homes Firm/Company	s LLC
		800 5	W 189# 1	Tre
	Peme		Address Address For a first conde	33029
		arlos mas	205 DaoL,	
For further in	nformation concerning	g this matter, please call:	ŕ	
<u>C</u>	ARLOS G Name o	MASSOL f Contact Person	at (561) Gl	57 9333 Oytime Telephone Number
Div Reg P.O	ision of Corporations istration Section Box 6327 ahassee, FL 32314	Divisi Regisi Clifto 2661	CET ADDRESS: Ion of Corporations Itration Section In Building Executive Center Circle Inassee, FL 32301	
Enclosed &	a check for the for 125.00 Filing Fee	ollowing amount: \$\Bigsig \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: DREAM HOMES SORVIONS (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.") (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 8. 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) 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.) ARLOS G MASSA Typed or printed name of signee

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:
Ameri - Dream Homes CLC
If unavailable, the alternate to be used in the state of Florida is:
Dream Homes Solutions
2. The name and the Florida street address of the registered agent and office are:
CARLOS G MASSO. (Name)
800 BW 189th Are.
Florida Street Address (P.O. Box NOT ACCEPTABLE) Pemboroke Peres FL 33033 =
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 accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.
freda hillana

(Signature)

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

\$ 5.00



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

02/17/2014 8755241-016002172014-2144485

CERTIFICATE OF EXISTENCE

Registration Number:

8755241-0160

Business Name:

AMERI-DREAM HOMES, LLC

Registered Date:

August 01, 2013

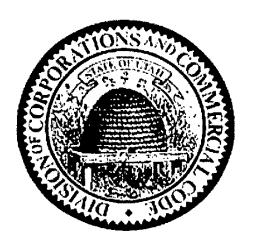
Entity Type:

LLC - Domestic

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg Director

Division of Corporations and Commercial Gode

Hathy Berg