(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Elluty Name)
(Document Number)
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J. HARRIS

COVER LETTER

Existence, and che Please return all c		
-		
-	Ellen Fraser	
-		
		Name of Person
	Domus Res, LL	.C
-	1.74.x	Firm/Company
	11555 Sorrento	Valley Rd. Ste. 204
-	- 1	Address
	San Diego, CA	92121
-		City/State and Zip Code
•	ellen@westrealt	tyadvisors.com
_	E-mail address:	: (to be used for future annual report notification)
For further inform	nation concerning this matter, plea	ase call:
Elle	n Fraser	_{at (} 858) 332-2400
	Name of Contact Person	Area Code Daytime Telephone Number
Division Registrat P.O. Box	of Corporations tion Section 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Domus Res, 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.} California _{3.} 47-1163787
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 30, 2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 11555 Sorrento Valley Rd. Ste. 204
San Diego, CA 92121
(Street Address of Principal Office)
6 See above. ≅
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
James Paine, manager
11555 Sorrento Valley Rd. Ste. 204
San Diego, CA 92121
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)
O Paine
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this decurrent constitutes an affirmation under the penalties of perjury that the facts stated herein are train 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.)
James Paine, manager

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.

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- AT 686

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.

Sharm Coore SHARON COOKE, ASSISTANT SECRETARY
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: DOMUS RES, LLC

FILE NUMBER:

201416010362

FORMATION DATE:

06/06/2014

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 11, 2014.

DEBRA BOWEN Secretary of State