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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Invictus Homes Property Solutions Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate 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:	
Alan Maltagliati	
Name of Person	
Firm/Company	
14277 Sw 165 St Address	
Miami, FL 33177 City/State and Zip Code	
	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call: Alan Ma Hagliat at 305 Name of Contact Person Area Code Daytime Telephone Number Contact Person	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: Status Status	

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. Invictus Homes Property 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 3. (FEI number, if applicable) company is organized)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 14277 SW 165 St Miami, FL 33177
·
(Street Address of Principal Office)
6
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage-is/are:
~
Alan G. Maltagliati, Manager, 14277 sw 16534 Minu, Fl. William Ghersi, Manager
William Chers: Manager
· (/)
98 f 0
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 anguage, 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.)
Alan G. Haltagliat Hanager Typed or printed name of signee
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.

FOLLOWING STATE AGENT IN THE STATE	MENT TO DESIGNAT LE OF FLORIDA.	E A REGISTERED O	FFICE AND REG	ISTERED	
	mited Liability Company		TIONS, LL	С	-
If unavailable, the alter	mate to be used in the st	ate of Florida is:			
2. The name and the F	lorida street address of t	the registered agent an	d office are:		
Bus	siness Filings I	Incorporated			
_ 		(Name)			
515	E. Park Aven	ue			
	Florida Street Address	s (P.O. Box NOT ACCEPTA	(BLE)		
Tallah	nassee	FL 32301			
		City/State/Zip			
iability company at the registered agent and ag tatutes relating to the p	registered agent and to a place designated in this ree to act in this capacity proper and complete perf f my position as registere	certificate, I hereby ac y. I further agree to co formance of my duties,	ecept the appointme comply with the prov and I am familiar	ent as visions of al with and	11
Wan	JoSpalinger, As Josephanic	set. Ser. far.Bu	Isiness filt Incorpi	原 · · · · · · · · · · · · · · · · · · ·	1

\$ 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, **INVICTUS HOMES PROPERTY 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 October 31, 2014, and is in good standing in this state.

OF OF STATE OF STATE

hand and affixed the Great Seal of State, at my office on November 14, 2014.

IN WITNESS WHEREOF, I have hereunto set my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20141114-1733
You may verify this electronic certificate
online at http://www.nysos.gov/