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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
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. (Bu	siness Entity Nam	ne)
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COVER LETTER

			COVER	DETILIC				
	stration Sesion of Co	ection rporations		·				
SUBJECT:	Conf	idential Hom	ne Buye	ers LLC				
Sebubet.		Nar	ne of Limited Lia	bility Company				
The enclosed Existence, and	"Application of the check are	on by Foreign Limited Lia submitted to register the a	bility Company bove reference	for Authorizat d foreign limit	tion to Transact Business in ed liability company to trai	n Florida," Consact busines;	ertific s in F	cate of lorida.,
Please return	all correspo	ondence concerning this m	atter to the follo	owing:				
	Shi	rley Wells						
			Name o	of Person				
	Co	nfidential Ho	me Bu	yers LL	_C			
			Firm/C	ompany				
	990	Sweeten C	reek R	d				
			Ad	dress				
	Asł	neville NC 28	8803			^	ے	
			City/State a	nd Zip Code		200	,	
	con	fidentialhom	ıebuyer	s@gm	ail.com	AH	EN 12	etenzar
		E-mail address	: (to be used for :	future annual rep	ort notification)	HSSE YRY	<u> </u>	
For further inf	ormation c	oncerning this matter, plea	ise call:			me T	子	
Sh	nirley	Wells	at	,828	713-6776	STAT LORI	2 ئ	فرريو
		Name of Contact Person		Area Code	Daytime Telephone N	umbe	9	
Divis Regis P.O.	LING AD ion of Corp stration Sec Box 6327 hassee, FL	porations ction	STREET A Division of O Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section Jing ive Center Circ	cle			
	a check f 25.00 Filin	for the following amoung Fee \$130.00 Filin Certificate of	ig Fee & □	\$155.00 Filing Certified Cop		ng Fee, Certi Certified Cop		:
	 .··							

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:

TOTALION LINITED L	ADDITE COME AINT TO HAMA	1C 1 DOSHVESS HV 111.	E STATE OF FLORIDA	A.	
	lome Buyers LLC				
	reign Limited Liability Company; must	include "Limited Liability	Company," "L.L.C.," or "	LLC.")	
CHB LLC					
(If name unavailable, enter Liability Company," "L.L.	alternate name adopted for the purpose C," or "LLC.")	of transacting business in	Florida. The alternate nan	ne must include "L	Limited
, North Carol	ina	_{3.} 46-3521	611		
(Jurisdiction under the la company is organized)	aw of which foreign limited liability		(FEI number, if applicab	ole)	_
4	(Date first transacted busine	ss in Florida, if prior to rec	gistration)		
	(See sections 605.0904 & 605.0	1905, F.S. to determine pe	nalty liability)		
5. Shirley We	lls				
990 Sweet	en Creek Rd, Ashev		3		
_	(Street Ad	dress of Principal Office)			
_{6.} Same					
				· ~	_
	()	failing Address)		25. 3	_
	(1)	rating Address;			1 1
7. The name, title o	or capacity and address of the p	person(s) who has/h	ave authority to man	nage is are	Permino.
Shirley Wells	, Managing Membe	r		3333 P	m
H Michael W	ells, Managing Mer	nher		S 2	
TI. WIGHACT VV	Clia, Mariaging Mc			<u> 골목 </u>	
				∞	
having custody of re-	ginal certificate of existence, records in the jurisdiction under tificate is in a foreign language Digitally signed by Shirley Wells DN: cn=Shirley Wells, o=Confidential Hornall=confidentialhomebuyers@gmail.	the law of which it e, a translation of th	is organized. (A pho	otocopy is not	t
	Date: 2015.01.07 13:31:05 -05'00'	of an authorized	202	-	
(In accordance with section 60: am aware that any false inform	Signature C 5.0203, F.S., the execution of this document ation submitted in a document to the Depart	of an authorized pers constitutes an affirmation un- ment of State constitutes a thi	der the penalties of perjury the	at the facts stated he for in s.817.155, F.S	rein are true 5.)
	Shirley Wells				

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.

١.	The name	of the	Limited	Liability	Company	is:
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Confidential Home Buyers LLC

If unavailable, the alternate to be used in the state of Florida is:

CHB LLC

2. The name and the Florida street address of the registered agent and office are:

Jon Roberts		
	2015	
5173 Birch A	ve	
Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	TARY TARY
Sarasota	34233 FL	EE TE S
	City/State/Zip	2: 59 2: 59

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)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CONFIDENTIAL HOME BUYERS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of September, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of January, 2015.

Elaine I. Marshall

Secretary of State

Certification# 96295566-1 Reference# 12298690- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification