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T. BROWN

#### **COVER LETTER**

Division of Corporations							
SUBJECT: Community Real Estate 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:							
Jennifer Plan Name of Person							
Firm/Company							
112 Lakeshore Dr							
North Palm Beath, FL 33408  City/State and Zip Code  Jennpilon a yahoo. ca (nas to be ca)  E-mail address; (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jennifer Plon  Name of Contact Person  at (5761) 5005970  Area Code 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:  1							

### 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:
A
1. Community Keal Estate 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. 47-2372094
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized)  3. 47-2372094 (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)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 98 Greenview Dr., Winter Haven FL 33881
(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:
Jennifer Pilon: Manager: 112 Lakeshore Dr. North Palm Beach
FL. 33408
John Niles: Manager: 112 Lakeshore Dr. North Palm Beach
12,00 199
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.)
Jennifer Pilon
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:

COMMUNITY I	REAL ES	TATE	SOLUT	ΓΙΟNS,	LLC
		<del></del>			

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:

#### **Business Filings Incorporated**

(Name

515 East Park Avenue.

Plorida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

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.

Many go Spalinger, Asst. Sec. for Business filings Incorporated

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



## 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, **COMMUNITY REAL ESTATE 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 November 20, 2014, and is in good standing in this state.

S AND A SECOND

Electronic Certificate
Certificate Number: C20141230-1710
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 30, 2014.

ROSS MILLER Secretary of State