## M150000004549

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE OF OTRIVISION OF CORPORATE OF

~ 06/11/15



Sara Stephenson Peska Michael A. Lyvers Woodruff A. Burt Retired

June 5, 2015

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Proven Home Solutions LLC

Dear Sir or Madam:

John B. Whiton

Dan G. Fishburn

Judd D. Thruman

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, in duplicate, for the above Illinois company and the required Certificate of Good Standing dated June 5, 2015.

Also enclosed is a check in the amount of \$125.00 to cover the necessary filing fee. Please file the Application and return appropriate documentation of its filing in the enclosed envelope.

If you have any questions or comments, please do not hesitate to contact the undersigned. Thank you for your assistance in this matter.

Sincerely,

FISHBURN WHITON THRUMAN

Dan & Fishburn

Dan G. Fishburn

DGF/tkp Enclosures

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	PROVEN HOME SO	LUTIONS LLC					
		Name of L	imited Liability (	Company			
	nclosed "Application by Foreignce, and check are submitted to						
Please	return all correspondence cor	ncerning this matter to the f	following:				
	ATTORNEY DA	N G. FISHBURN					
		Na	me of Person				
	FISHBURN WHI	TON THRUMAN					
	Firm/Company						
	8 EAST STEPHE	NSON STREET					
			Address				
	FREEPORT, IL	FREEPORT, IL 61032					
	<del></del>	City/Sta	ate and Zip Code				
	Treasea@fishburn	law.com					
	I	E-mail address: (to be used	for future annual	report noti	fication)		
For fur	rther information concerning t	his matter, please call:					
	Attorney Dan G. F	ishburn	815 at (	235-251	11		
	Name of C	Contact Person	Area Code	Dayt	ime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section oilding outive Center Circle see, FL 32301		
Enclos		g amount: 1 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 695 0000. FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

	eign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LL	.C.")	
name unavailable, enter a bility Company," "L.L.C.	Iternate name adopted for the purpose of transacting business in Florida. The alternate name m " or "LLC.")	ust include "Limi	ted
ILLINOIS	3. 47-3850497	+	
Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)		
N/A			
1255 WEST EMPIRE	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) STREET		
FREEPORT, IL 61032	2		
	(Street Address of Principal Office)		SEAMO
1255 WEST EMPIRE	STREET	<del>ن،</del>	<u> </u>
FREEPORT, IL 61032			O MOII
	(Mailing Address)	င်ာ	
Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	PH 12:	
Name:	Robert Bojan	₹.	35 C) 26 S)
Office Address:	20131 Ian Court #106	$\overline{\omega}$	Y OF STATE CORPORATION
	Estero, Florida 33928	•	
gistered agent's accep			
iving been named as re is application, I hereby th the provisions of all	· · · · · · · · · · · · · · · · · · ·	her agree to con	<b>ıp</b> ly
iving been named as re is application, I hereby th the provisions of all	rtance: egistered agent and to accept service of process for the above stated corporation at the accept the appointment as registered agent and agree to act in this capacity. I furth statutes relative to the proper and complete performance of my duties, and I am fan	her agree to con	<b>ıp</b> ly
wing been named as re is application, I hereby th the provisions of all to obligations of my posi	stance: registered agent and to accept service of process for the above stated corporation at the accept the appointment as registered agent and agree to act in this capacity. I furth statutes relative to the proper and complete performance of my duties, and I am fan ition as registered agent.  Robert Bojan (Registered agent's signature)	her agree to con	<b>ıp</b> ly
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tring been named as resistance of application, I hereby the the provisions of all to obligations of my positions. The name, title or caps ERALD L. SIEDENBU ERESA A. BROWN, M. Attached is a certificate is diction under the law of the saw of th	registered agent and to accept service of process for the above stated corporation at the accept the appointment as registered agent and agree to act in this capacity. I furth statutes relative to the proper and complete performance of my duties, and I am fan ition as registered agent.  Robert Bojan (Registered agent's signature)  acity and address of the person(s) who has/have authority to manage is/are:  RG, MANAGER, 1255 WEST EMPIRE STREET, FREEPORT, IL 61032  ANAGER, 1255 WEST EMPIRE STREET, FREEPORT, IL 61032  of existence, no more than 90 days old, duly authenticated by the official having custo of which it is organized (If the certificate is in a foreign language, a translation of the	her agree to con nillar with and a	aphy accept

TERESA A. BROWN, MANAGER Typed or printed name of signee

File Number

0527117-7



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PROVEN HOME SOLUTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1515602190

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH

day of JUNE

A.D.

2015

Desse White

SECRETARY OF STATE