# M500004690

(Re	questor's Name)	
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. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T SCHROEDER



May 22, 2015

WALTER MCGILL III 611 SE BAUBLITS DR PENSAÇOLA, FL 32507

SUBJECT: HAPPY SANDS HOME SOLUTIONS LLC

Ref. Number: W15000036498

We have received your document for HAPPY SANDS HOME SOLUTIONS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$55.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 715A00010902

Terri J Schroeder Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

#### HAPPY SANDS HOME SOLUTIONS LLC

SUBJECT:

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:

WALTER MCG	SILL III	
<del> </del>	Name of Person	
	Firm/Company	
611 SE BAUBL	LITS DR	
	Address	
PENSACOLA I	FL 32507	
	City/State and Zip Code	····
	•	
E-mail addres	s: (to be used for future annual report	notification)
	s: (to be used for future annual report	notification)
rther information concerning this matter, ple	•	·
	•	358-6515
rther information concerning this matter, ple	ase call:	358-6515
rther information concerning this matter, ple	ase call:at (678)	·
WALT MCGILL III  Name of Contact Person  MAILING ADDRESS: Division of Corporations	at (678 Area Code  STREET ADDRESS: Division of Corporations	358-6515
WALT MCGILL III  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section	ase call:  at (678  Area Code  STREET ADDRESS: Division of Corporations Registration Section	358-6515
WALT MCGILL III  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	ase call:  at (678  Area Code  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building	358-6515
WALT MCGILL III  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section	ase call:  at (678  Area Code  STREET ADDRESS: Division of Corporations Registration Section	358-6515

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee ■ \$130.00 File

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

HAPPY SANDS HOME SOLUTIONS LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	**** 1 C ** 41 C **)
(Name of Foreign Limited Liability Company; must include "Limited Liability Compan	y, L.L.C., or LLC.
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. ability Company," "L.L.C," or "LLC.")	The alternate name must include "Limited
NEVADA 3	
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number of the law of which foreign limited liability company is organized)	umber, if applicable)
(D. C.	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	ollity)
611 SE BAUBLITS DR PENSACOLA FL 32507	To his Con
	Promise Promis
(Street Address of Principal Office)	
	ing N
(Mailing Address)	
: (Maning Address)	
The name, title or capacity and address of the person(s) who has/have au	thority to manage is/are:
ALTER MCGILL III - MANAGER - 611 SE BAUBLITS DR P	ENSACOLA FL 32507
VALTED MOOHE IVE MANAGED, 44005 BRICTOL DAY DR ART #40	04 BDADENTON EL 24200
ALTER MCGILL IV - MANAGER - 11065 BRISTOL BAY DR APT #10	UT BRADENTON FL34209
Attached is an original certificate of existence, no more than 90 days old,	
ving custody of records in the jurisdiction under the law of which it is organized by the partition of the continuous standards of the continuous standards.	
ceptable. If the certificate is in a foreign language, a translation of the certiust be submitted)	iteate under oath of the translato
Walter S. M'Sill III	
Signature of an authorized person	
accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the pe	enalties of perjury that the facts stated herein are

WALTER MCGILL III - MANGER

Typed or printed name of signee

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.)

## CERTIFICATE OF DÉSIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605,011,1 or 605,0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED HABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTBRED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

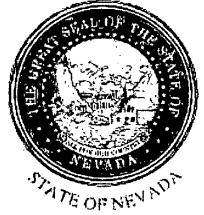
The name and the Florida street address of the registered agent and WALTER MCGILL IV (Name)	ion sold by	2815 JUN 12 F	U.J.
The state of the s	111 111 111 111 111 111 111 111 111 11	77	Contract of
(Name)	)*** (3) 	<u> </u>	
		24	
11065 BRISTOL BAY DR APT	#1001		
Florida Street Address (P.O. Box NOT ACCEPTA	ABI F)	*****	
BRANDENTON 34209			

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)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, **HAPPY SANDS HOME 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 April 14, 2015, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 12, 2015.

Balloca K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150512-1826
You may verify this electronic certificate
online at http://www.nvsos.gov/