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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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TALL MASSEEL FLORIDA

2015 AUG 26 AM II: 57 SECKEIANT OF SIAIE

SER OS ZOUS J. HARRIE

## **COVER LETTER**

TO:

Registration Section

Divisi	ion of Corporation	15						
	ESSENTIAL PROP	PERTY SOLUTIONS, LLC						
Name of Limited Liability Company								
				tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florid				
Pléase réturn à	Il correspondence o	oncerning this matter to the	tollowing:	dan dan mengupung mengung meng	•			
	Jorge E Liloy							
	Name of Person							
ESSENTIAL PROPERTY SOLUTIONS, LLC								
	Firm/Company							
	2702 SW 137th Теггасе							
Address								
	Miramar FL 33027							
		City/S	tate and Zip Code					
	jorgeliloy@gmai	l.com						
		E-mail address: (to be use	for future annual	report notification)				
For further info	ermation concernin	g this matter, please call:						
Jorge	Liloy		716 at (	533-7555				
	Name o	f Contact Person	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						
	heck for the follow 25.00 Filing Fee	ing amount:  ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee & \$\Bigcup \$160.00 Filling Fee, Certificate of Status & Certified Copy				



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2015

JORGE E LILOY 2702 SW 137TH TERRACE MIRAMAR, FL 33027

SUBJECT: ESSENTIAL PROPERTY SOLUTIONS, LLC

Ref. Number: W15000052839

We have received your document for ESSENTIAL PROPERTY SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00016510



## 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 RECISTER A FOREGOVERMITED LIABITATY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA.

l.,	ESSENTIAL PROPER (Name of For			"Limited Liability	y Company," "L.L.C.," or "	r.c.·)	
	name unavailable, enter a bility Company," "L.L.C.		d for the purpose of transc	ncting business in	Florida, The alternate name	must include "Limited	d
	Nevada	-	1				
· • (	Jurisdiction under the law company is organized)	at which foreign lin	nted liability		fitt nunder; (fapplicable)		-
4.	08/15/2015						
4.		(Date first t	ransacted business in Flor 605,0904 & 605,0905, F.S	da, if prior to reg	stration.)		
5.	2702 SW 137th Terrac			s. to iteremine par	kaij immityj		
	· · · · · · · · · · · · · · · · · · ·			×			
_			reet Address of Principal (			₹ <u>№</u>	
6.,						2015 SLC TALL	<b>4</b> (2):j <sub>e</sub> vo y
						AUG AH	E É
			(Mailing Address)			ા દૂર્યું 🔼	Particular a
7.	Name and street addres	_	- ,	NOT acceptable	<del>:</del> )	SEE 6	Same.
	Name:	Business Filings	Incorporated			五 章	
	Office Address:	1200 South Pine	Island Road	······			garij Zangg sli La <sub>ka c</sub>
		Plantation		, F	lorida <u>33324</u>	57 10A	
Dogle	tered agent's accepta	<b>700</b>	(City)		(Zip code)		
this a with t the ol	pplication, I hereby ac he provisions of all sto bligations of my position	scept the appointnatutes relative to the control of	nent as registered agei the proper and complet gent. (Rogistered agent	nt and agree to te performance 's signature)	ove stated corporation of act in this capacity. I find the state of my duties, and I am	urther agree to come	n lu
8. TI	ne name, title or capaci ORGE E LI	Loy M6270	the person(s) who has/	have authority to	o manage is/are: Mikaman, J	<u>-[ 3</u> 3027(	MANAGE!
jurisdi of the	etion under the law of translator must be sub	which it is organization	Signature of an author	s in a foreign lar	by the official having cunguage, a translation of t	he certificate under (	the path
submit	tted in a document to the	c Department of S	state constitutes a third	degree felony a	es. I am aware that any f s provided for in s.817.13	55, F.S.	
		V (IDA)	ac 6 111	31	manage	./	

Typed or printed name of signee

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, ESSENTIAL 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 July 15, 2015, and is in good standing in this state.

ATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 28, 2015.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150728-2982
You may verify this electronic certificate
online at http://www.nvsos.gov/