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(Requestor's Name)							
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(City/	State/Zip/Phone	= #)					
PICK-UP	☐ WAIT	MAIL					
(Busi	ness Entity Nan	ne)					
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							
W15.59193	Cuo						

Office Use Only



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K. SALY EXAMINER OCT **20**2015



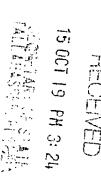
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2015

JERSON R RODRIGUEZ 11407 SW 35 LN. MIAMI, FL 33165

SUBJECT: SANJER HOME SOLUTIONS, LLC

Ref. Number: W15000059193



We have received your document for SANJER HOME SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 115A00018906

COVER LETTER

Registration Section

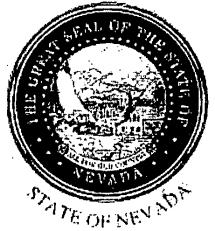
Division of Corporations							
SUBJECT: Same Home Solutions, LLC. Name of Limited Liability Company							
Name of Limited Liability Company							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o Existence, and check are 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:							
Jerson R. Rodriguez Name of Person							
Name of Person							
Firm/Company							
11407. SW 35 Ln. Address Hiami F/ 33/68							
Address							
Higmi 7/ 33/68							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Tarbon R. Rodriguez at 305, 608-2018.							
Name of Contact Person Area Code Daytime Telephone Number							
MAILING ADDRESS: Division of Corporations Registration Section Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section							
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle							
Tallahassee, FL 32301							
Enclosed-is-a-check-for:the following amount: \$\begin{align*}							
Certificate of Status Certified Copy of Status & Certified Copy							

IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		npany; must include "Limited				
(If name unavailable, enter a Liability Company," "L.L.C,		the purpose of transacting bus	iness in Florida. The a	lternate name mu	st include "Limi	ited
2. Nevada (Jurisdiction under the law	of which foreign limited li	3	(FEI number, if	applicable)		
company is organized)	2001stratio	<i>•</i> •			•	
4. <u>Opor</u>	(Date first transac	ted business in Florida, if prid	r to registration.)			
5. <u>11407</u> S	w 35th	104 & 605.0905, F.S. to determine the Hiolm		5_		
	(Street Ac	ddress of Principal Office)				i ;
6. 11407 SC	ſ	are Hlam	F1 33	165	2015 OCT 19	لا
		(Mailing Address)		<u> </u>	語可	
7. Name and street addres			ontoblo)			; [7]
Name:	Business Filings Incor				PH 2:	O
Office Address:	1200 South Pine Island	i Road			25 HRIO.	
	Plantation		, Florida 33324			
Registered agent's accept Having been named as reg this application, I hereby with the provisions of all s the obligations of my posi	tance: gistered agent and to ac accept the appointment statutes relative to the pi	as registered agent and ag roper and complete perfor	the above stated co tree to act in this ca	pacity. I furthe	er agree to con	nply
·	Burnock	Registered agent's signatu	Scretar	4		
8. The name, title or capa Terson R. 1 Sandra P. R.	city and address of the p Rodinguez, odniquez; Ho	person(s) who has/have aut Hanggel anggel 11407 S	nority to manage is/a 11407 SW 3 W 35 ^{dh} land	re: 35th loine 2 fliam/	Hiami #1 3316	F 33 61 1^
					·····	
9. Attached is a certificate furisdiction under the law of the translator must be su	of which it is organized.					
	a de	Signature of an authorized per	son			
	(_				
This document is executed submitted in a document to	in accordance with secti- the Department of State	on 605.0203 (1) (b), Florid constitutes a third degree f	a Statutes. I am awar elony as provided for	e that any false r in s.817.155.]	information F.S.	

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, **SANJER 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 August 11, 2015, and is in good standing in this state.

AL OF THE CONTRACT OF THE CONT

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 25, 2015.

BARBARA K. CEGAVSKE Secretary of State

schona K. Cegarste

Electronic Certificate
Certificate Number: C20150825-2359
You may verify this electronic certificate
online at http://www.nvsos.gov/