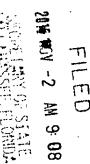
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(R	equestor's Name)	
(A	ddress)	
А)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
(a	Office Use Only	



900278599009

10/29/15--01025--009 **155.00



	COVER LETTER	
TO: Registration Division of C	Section ** Corporations	
SUBJECT:	E1 RENOVATIONS LLC Name of Limited Liability Company	
	tion by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the submitted to register the above referenced foreign limited liability company to transact business in Florid	
Please return all corres	spondence concerning this matter to the following:	
	Eliezer Isaac Tineo Name of Person	
	Firm/Company	
8960 US Highway 31		
	Berrien Springs, Michigan 49103 City/State and Zip Code elytineo@gmail.com E-mail address: (to be used for filture annual report notification)	
elytineo@gmail.com		
	n concerning this matter, please call:	
<u>Eli</u>	Name of Contact Person at (240) 705-3496 Area Code Daytime Telephone Number	
MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	Orporations Operations Operations Operations Operations Registration Section Clifton Building	
Enclosed is a check for \$125.00 Fi	r the following amount: lling Fee	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2015

ELIEZER ISAAC TINEO 8960 US HIGHWAY 31 BERRIEN SPRINGS, MI 99103

SUBJECT: E1 RENOVATIONS LLC

Ref. Number: W15000071885

We have received your document for E1 RENOVATIONS LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00023011

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

	IN FLORIDA
	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	
Name of Foreign Limited Lightlity Company, mus	ITIONS LLC It include "Limited Liability Company," "L.L.C.," or "LLC.")
(Ivanic of Poleign Limited Liability Company, mus	is include Limited Liability Company, E.E.C., Of LEC.
(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	e of transacting business in Florida. The alternate name must include "Limited
2. STATE OF TNDIANA (Jurisdiction under the law of which foreign limited liability	3
(Jurisdiction under the law of which foreign limited liability company is organized)	3(FEI number, if applicable)
4 (Data Gast temporated husing	ss in Florida, if prior to registration.)
(See sections 605.0904 & 605.	9905, F.S. to determine penalty liability)
s. 918 N. ADAMS ST	
south bend, In	4 6628 Principal Office)
	· . C J · · · ·
6. 8960 US Highwo	iy 31
Berrien Springs, A	Michigan 49103
(Mailing A	Address)
7. Name and street address of Florida registered agent: (P.	O. Box NOT acceptable)
Name: ELIAS TENO	. > .
Office Address: 173 Blandso Vissillie (City)	a A.
Vizziel Me	Florida 34743
(City)	(Zip code)
designated in this application, I hereby accept the appoints to complywith the provisions of all statutes relative to the paccept the obligations of my position as registered agent.	rice of process for the above stated limited liability company at the place ment as registered agent and agree to act in this capacity. I further agree proper and complete performance of my duties, and I am familiar with and
then In	norm
(Registe	ered agent's signature)
8. The name, title or capacity and address of the person(s)	
Fliezer Isaac Tineo (Memb	er) 8960 us they 31 Berrion Springs MI 19103
Yolanda A Tineo 1428 p.	arkside ave Lindsay (A. 93247 (Member)
	Brookebury Dr. Reisters town MD 21136
	ys old, duly authenticated by the official having custody of records in the ertificate is in a foreign language, a translation of the certificate under oath
Signature	of an authorized person
This document is executed in accordance with section 605.0 submitted in a document to the Department of State constitution.	203 (1) (b), Florida Statutes. I am aware that any false information tes a third degree felony as provided for in s.817.155, F.S.
Eliez	ev Isaac TINEU
Typed or pr	rinted name of signee

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

E1 RENOVATIONS LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 23, 2015, and was in existence or authorized to transact business in the State of Indiana on October 30, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of October, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

2015102600051 / 2015103093432