

M16000001079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

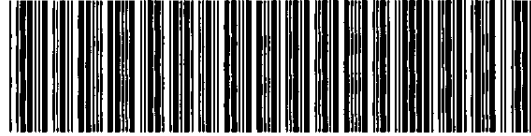
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

647 W16-4689

Office Use Only



200281061262

01/21/16--01022--019 **125.00

FILED
16 JAN 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 09 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB -5 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 22, 2016

WILLIAM DAVIDSON JR
206 WILLOWICK DRIVE
NAPLES, FL 34110

SUBJECT: HOUSE TO HOME INVESTMENT GROUP, LLC
Ref. Number: W16000004689

FILED
16 JAN 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HOUSE TO HOME INVESTMENT GROUP, 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 516A00001488

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House to Home Investment Group, LLC
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:

WILLIAM DAVIDSON JR
Name of Person

House to Home Investment Group, LLC
Firm/Company

206 WILLOWICK DR
Address

NAPLES, FL 34110
City/State and Zip Code

billy.davidsoninc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM DAVIDSON JR at (239) 285-4860
Name of 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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

FILED
16 JAN 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. House to Home Investment Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Nevada 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7935 AIRPORT PULLING RD Suite 4-282
NAPLES, FL 34109
(Street Address of Principal Office)

6. 7935 AIRPORT PULLING RD SUITE 4-282
NAPLES FL 34109
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WILLIAM L. DAVIDSON JR
Office Address: 185 Burning Tree Dr
NAPLES, FL 34105, Florida _____
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WILLIAM DAVIDSON 206 WILLOWICK DR NAPLES FL 34110
LAURA DAVIDSON 206 WILLOWICK DR NAPLES FL 34110

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

W DAVIDSON JR
Typed or printed name of signee

SECRETARY OF STATE



FILED
16 JAN 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, **HOUSE TO HOME INVESTMENT GROUP, 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 December 31, 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 January 14, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20160114-0836
You may verify this electronic certificate
online at <http://www.nvsos.gov/>



THE NEVADA PERSONAL LIABILITY GUARANTEE

Nevada Corporate Headquarters, Inc. (NCH) guarantees the integrity of your corporate veil subject to your company following the step-by-step checklist below and the Terms and Conditions of the Personal Liability Guarantee. The Guarantee is activated only upon the successful piercing of the corporate veil of the covered company resulting in the owners, directors, officers, managers or members of the company being held personally liable for the debts and contractual obligations of the covered company to third parties, as determined by a court of competent jurisdiction in the United States. The Guarantee is not insurance and is limited to up to \$100,000 reimbursement of reasonable and documented legal defense expenses incurred and paid by the covered company as the direct result of the company's good faith defense against a claim that succeeds in piercing of the corporate veil of the covered company.

IMPORTANT: To validate the guarantee you must sign it and return to P.O. Box 27740, Las Vegas, NV 89126

CHECKLIST:

The Terms and Conditions of the Personal Liability Guarantee require that all claims must be accompanied by certification and documentation verifying the timely and full completion and compliance of the following items. The corporation or LLC must:

- ✓ Be valid and filed with the Nevada Secretary of State, file any changes to original articles as official amendments and pay associated fees.
- ✓ File all required applications for foreign qualification as a foreign corporation or foreign LLC in all foreign jurisdictions where the company has legal or tax nexus as defined by the relevant jurisdiction and pay associated fees.
- ✓ File the initial and annual reports with the State of Nevada and any other jurisdiction in which the company is registered to do business as a foreign entity and pay associated fees.
- ✓ File the Nevada Business Registration Application with the Nevada Department of Taxation, obtain a State Business License and file and pay the annual business license fees.
- ✓ Issue signed stock certificates (corporation) or membership units (LLC) to the shareholders/members in exchange for appropriate consideration and record all stock or membership unit issuance, redemption or transfers in the company register.
- ✓ Hold shareholder and directors meetings at least annually.
- ✓ Properly maintain a corporate or LLC record book, including copies of all organizational documents and amendments; by-laws or operating agreements (with amendments); notices and minutes of all meetings; resolutions of any/all significant company events; and stock/membership unit register.
- ✓ Draft and execute bylaws (if a corporation) or an operating agreement (if LLC) that detail the internal affairs and operations of the management of the company. Ensure that the company's current business practices are in compliance with the bylaws or operating agreement.
- ✓ Submit all tax reports and payments to local, state and federal governments in a timely manner.
- ✓ Document all loans to and from shareholders, directors, owners, members, managers, officers and employees with appropriate promissory notes and security agreements, including UCC-1 financing statements, where necessary.
- ✓ Confirm and ensure that the company keeps its own accounting records separate from that of other entities or individuals.
- ✓ Pay unemployment insurance and Social Security withholding on all applicable payroll and for all applicable employees.
- ✓ Conduct all business only in the name of the company. All contracts and agreements must be signed by duly authorized officers, directors, or managers, with all contract signatures accompanied by the proper use of the individual's title with the company.
- ✓ To the extent that the company conducts business under a name other than its full corporate or LLC name, confirm and ensure that the company's use of such name complies with all applicable laws and registration requirements.

RECEIVED
JAN 11 PM 4:55
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/01 BY 1043