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COVER LETTER

TO:

O :	Registration Section Division of Corporations
IIR II	CAMELOT HOME SOLUTIONS LLC
ODJI	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate once, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
lease	return all correspondence concerning this matter to the following:
	SUZANNE DOCOBO
	Name of Person
	CAMELOT HOME SOLUTIONS LLC
	Firm/Company
	7805 NW 18TH PLACE
	Address
	MARGATE, FL-33063
	City/State and Zip Code
	SUZANNE@DOCOBOREALTY.COM
	E-mail address: (to be used for future annual report notification)
or fu	ther information concerning this matter, please call:
	SUZANNE DOCOBO 954 304-4932 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
inclos	ed is a check for the following amount: \$\Bigsis \text{\$125.00 Filing Fee} \text{\$\Bigsis \$130.00 Filing Fee & Certificate of Status}\$ \$\Bigsis \text{\$\Bigsis \$125.00 Filing Fee & Certified Copy}\$ \$\Bigsis \text{\$\Bigsis \$160.00 Filing Fee, Certificate of Status & Certified Copy}\$ \$\Bigsis \$\

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:

	Iternate name adopted for the purpo	 ose of transacting busir	ness in Florida. The alternate nam	ne must inclu	
Liability Company," "L.L.C,	" or "LLC.")	01.1050			
, NEVADA		3. 81-1377578			
company is organized)	of which foreign limited liability		(FEI number, if applicable)	•	
. <u>2/9/2016</u>				_	
	(Date first transacted busin (See sections 605.0904 & 60:	ness in Florida, if prior 05.0905, F.S. to determ	to registration.) ine penalty liability)	_	
7805 NW 18TH PLAC			•		
MARGATE, FL 33063	1			_	
WARGATE, FL 33003	(Street Address of	f Principal Office)		_	
, 7805 NW 18TH PLAC	·	,			
			······································	_	
MARGATE, FL 33063		g Address)		_	
	, -	,		•	
7. Name and street address	ss of Florida registered agent: (I	P.O. Box NOT acce	eptable)	, 	5
Name:	SUZANNE DOCOBO				<u> </u>
Office Address:	7805 NW 18TH PLACE			7. C	5
	MARGATE			Žį.	יו סיי דו סיי
	(City)		, Florida(Zip code)		<u> </u>
	. 4			O	÷ `
	egistered agent and to accept se				
Having been named as re lesignated in this applica o complywith the provisi		ntment as registered e proper and comple t.	l agent and agree to act in thi ete performance of my duties	is capacity.	I further
Having been named as re designated in this applica to complywith the provisi accept the obligations of	egistered agent and to accept sei ution, I hereby accept the appoir ions of all statutes relative to the my position as registered agent.	ntment as registered e proper and complete. Stered agent's signatur	l agent and agree to act in thi ete performance of my duties e)	is capacity.	I further
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Typed or printed name of signee

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.

SUZANNE DOCOBO

CAMELOT HOME SOLUTIONS LLC -- ATTACHMENT

The name, title or capacity and address of the persons who have authority to manage are:

- SUZANNE DOCOBO MANAGING MEMBER
 7805 NW 18TH PLACE, MARGATE, FL 33063
- BRYAN DOCOBO MANAGING MEMBER
 520 ORTON AVENUE #503, FORT LAUDERDALE, FL 33304
- CHAD V MESSINA MANAGING MEMBER
 7805 NW 18TH PLACE, MARGATE, FL 33063
- DANIELLE FANCHER MANAGING MEMBER
 520 ORTON AVENUE #503, FORT LAUDERDALE, FL 33304



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, **CAMELOT 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 February 9, 2016, and is in good standing in this state.

OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 9, 2016.

Barbara K. Cegarske BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20160209-0063
You may verify this electronic certificate
online at http://www.nvsos.gov/