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Office Use Only



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J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Mama's Property Solutions 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: |
| Cathy Koltz Name of Person |
| Firm/Company |
| 127 Monroe Dr Bldg 2 Apt 7 Address |
| Ta-Vernier FL 33070 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (305) 6/9-6928 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 |
| Enclosed is a check for the following amount: \$\forall 125.00 \text{ Filing Fee} \text{ \$\sqrt{1}} \\$130.00 \text{ Filing Fee & Certificate of Status} \text{ \$\sqrt{2}} \\$155.00 \text{ Filing Fee & Certified Copy} \text{ \$\sqrt{2}} \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} |

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | | |
|---|---------------------------------------|--|--|
| 1. Mama's Property Solutions, 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 Liability Company," "L.L.C," or "LLC.") | ne must include "Limited | | |
| 2. Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) | | | |
| company is organized) | | | |
| 4. April 19, 20/6 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | - | | |
| 5127 Monroe Dr | | | |
| Tavernier FL 33070 (Street Address of Principal Office) | - | | |
| (Street Address of Principal Office) | | | |
| 6 | _ | | |
| (Mailing Address) | 声语 苗 | | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | | | |
| A SHILL VILLE | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Name: (a My Noci Z | | | |
| Office Address: 127 Monroe Dr | The second second | | |
| Ta Vernier, Florida 3307 (City), Florida (Zip code) | | | |
| Registered agent's acceptance: | 30 | | |
| 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. | | | |
| tack forth | | | |
| (Registered agen's signature) | - | | |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | | | |
| Cathy Koltz, Manager | | | |
| Cathy Koltz, Manager 127 Monroe Dr, Tavernier, FL | 33070 | | |
| <u> </u> | ··· | | |
| 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 translator must be submitted) | f the certificate under oath | | |
| · / 1 * * / | | | |
| 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.81 | 7.155, F.S. | | |
| Cathy Koltz Typed or printed name of signee | _ | | |
| · 1 · · | | | |

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, MAMA'S 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 March 31, 2016, and is in good standing in this state.

THE CONTRACTOR OF THE CONTRACT

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 19, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160419-2291
You may verify this electronic certificate
online at http://www.nvsos.gov/