

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| - (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ry/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | · | | | |

Office Use Only



700285788167

05/23/16--01052--020 **160.00



MAY 2 6 2016

SWAREREN

COVER LETTER

Registration Section

TO:

| Division | n of Corporations | | | | | | |
|-----------------------------------|---|--|--|--|--|--|--|
| SUBJECT: | UPSTYLED HOMES, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| | oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of leck are submitted to register the above referenced foreign limited liability company to transact business in Florida. | | | | | | |
| Please return all o | correspondence concerning this matter to the following: | | | | | | |
| | ŁAURA MAKHOUL | | | | | | |
| | Name of Person | | | | | | |
| UPSTYLED HOMES, LLC | | | | | | | |
| | Firm/Company | | | | | | |
| | 1066 Weaver Drive | | | | | | |
| | Address | | | | | | |
| | Oviedo FL 32765 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | lauramakhoul@yahoo.com | | | | | | |
| - | E-mail address: (to be used for future annual report notification) | | | | | | |
| For further inform | nation concerning this matter, please call: | | | | | | |
| | LAURA MAKHOUL 321 696-7895 | | | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | | | |
| Division Registra P.O. Box | NG ADDRESS: of Corporations tion Section x 6327 Seec, FL 32314 Seec, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | |
| | ck for the following amount: .00 Filing Fee \$\Boxed{\sigma}\$130.00 Filing Fee & \$\Boxed{\sigma}\$155.00 Filing Fee & \$\Boxed{\sigma}\$\$160.00 Filing Fee, Certificate Of Status & Certified Copy | | | | | | |

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

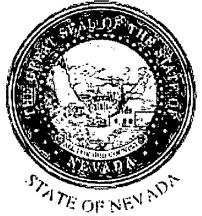
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. UPSTYLED HOMES, LLC (Name of Foreign Lir | nited Liability Company | y; must include "Limited Lial | oility Company," "L.L.C.," | or "LLC.") | |
|--|--|--|-------------------------------|------------------|--------------|
| If name unavailable, enter alternate Liability Company," "L.L.C." or "Ll | | urpose of transacting busines | s in Florida. The alternate i | name must includ | le "Limited |
| NEVADA | • | | | | |
| (Jurisdiction under the law of whic company is organized) | h foreign limited liabili | ty 3 | (FEI number, if applicat | ole) | , |
| ļ | (Date first transacted b | ousiness in Florida, if prior to | registration.) | | |
| (3 | See sections 605,0904 & | £ 605.0905, F.S. to determine | penalty liability) | | |
| i, | 1066 We | aver Drive | | | |
| | Oviedo I | | | | |
| | (Street Addre | ss of Principal Office) | | | |
| | 1066 Wea | ver Drive | | | |
| | Oviedo | FL 32765 | | | |
| | (Ma | iling Address) | | 1 2 2 2 | |
| . Name and street address of FI | orida registered agent | i: (P.O. Box NOT accept | able) | | 11 |
| Name: | LAURA | MAKHOUL | _ | 75 N | 1 |
| Office Address: | 1066 Weaver Drive | | | | |
| | Oviedo | | , Florida 32765 | 10 H | O |
| | (Cit | y) | (Zip code) | 골 음을 및 | |
| Registered agent's acceptance: <i>Taving been named as registere</i> | | | | | |
| his application, I hereby accept with the provisions of all statute he obligations of my position as | the appointment as i s relative to the prop | registered agent and agree | e to act in this capacity. | I further agre | e to comp |
| 0 | | Registered agent's signature) | | | |
| 3. The name, title or capacity ar | id address of the pers | on(s) who has/have author | ity to manage is/are | | |
| LAURA MAKHO | - | 1066 Weaver Drive | <u> </u> | | |
| | | | | | |
| Attached is a certificate of exist urisdiction under the law of white of the translator must be submitted. | ch it is organized. (If | | | | |
| *************************************** | Sign | ature of an authorized person | 1 | | |
| This document is executed in account to the D | | 605.0203 (1) (b), Florida 5 nstitutes a third degree felo | | | nation |

LAURA MAKHOUL

Typed or printed name of signee

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, **UPSTYLED HOMES**, **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 May 6, 2016, 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 May 17, 2016.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160517-2575
You may verify this electronic certificate
online at http://www.nvsos.gov/