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PICK-U	P WAIT MAIL							
(Business Entity Name)								
(Document Number)								
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JUN 0 8 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Divine Designs Home hanovation, 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:
Khorie Grant Name of Person
Name of Ferson
Firm/Company
3437 nw 14th at Address
Lauderhill, FL 33311 City/State and Zip Code
Grant LIOT @ QOL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Whorie Grant at (305) 772-3924 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
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of Status}\$ \$\sum_{155.00}\$ \text{Filing Fee & Certified Copy}\$ \$\sum_{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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DIVINE DESIGNS HO			tinaluda "Limitad I	iability Company," "L.L.C.,	" or "I I C "	,,	
(Name of Porc	agn Linned Liability C	ompany, musi	i include Limited L	nationary Company, L.L.C.,	or LLC.	,	
(If name unavailable, enter al Liability Company," "L.L.C,		or the purpose	of transacting busin	ness in Florida. The alternate	name must	include	"Limited
Nevada	or EEC.		2				
(Jurisdiction under the law company is organized)	of which foreign limited	l liability	3	(FEI number, if applications)	able)		····
4. ^{n/a}							
	(Date first trans	sacted busines	s in Florida, if prior	to registration.) ine penalty liability)	.		
5. 3437 NW 14th Court	(200 200,107,127,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mo ponenty naomity)			
Lauderhill, FL 33311		· ·					
		Address of Pr	rincipal Office)				
6 3437 NW 14th Court	`		• ,				
Lauderhill, FL 33311							
		(Mailing A	ddress)				
7. Name and street addres	s of Florida registered	d agent: (P.C	D. Box <u>NOT</u> acce	eptable)			
Name:	Business Filings Inc	•	-	•			
Office Address:	1200 South Pine Isla	and Road				<u></u>	
Office Address.	Plantation			33324		5	- 12
		(City)		, Florida 33324 (Zip code	- 3 2	<u>z</u>	~
Registered agent's accep Having been named as re		accept servi	ice of process for	the above stated corpora	tion at the	place (i designated i
this application, I hereby with the provisions of all .	accept the appointme statutes relative to the	ent as registe e proper and	ered agent and ag I complete perfori	ree to act in this capacity mance of my duties, and	. I further I am Tämil	agree littr wit	te-comply h'and accen
the obligations of my posi			complete perjor.	nance of my annes, and		<u>چ</u>	;;
1	Burnaco	Kutte (Registered	d agent's signature)	Scretary	-		
8. The name, title or caps	ncity and address of th	ne person(s)	who has/have auth	ority to manage is/are:			
Khorie Grant, Manager,	3437 NW 14th Court	Lauderhill	,FL 33311				
Jonique Bent, Manager,	3437 NW 14th Court	Lauderhill,	,FL 33311			_	
							
						—	
9. Attached is a certificate jurisdiction under the law	of which it is organize	than 90 day ed. (If the cer	s old, duly auther rtificate is in a for	iticated by the official have eign language, a translation	ring custod on of the ce	y of recent	cords in the te under oath
of the translator must be so	John Red)	X					
	0	Signature o	of an authorized per	son			
This document is executed	in accordance with s	ection 605.02	203 (1) (b), Florid	a Statutes. I am aware tha	t any false	inform	ation

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Khorie Grant

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, **DIVINE DESIGNS HOME RENOVATION**, **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 5, 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 25, 2016.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160525-0530
You may verify this electronic certificate
online at http://www.nvsos.gov/