## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077

Fax Number

Phone : (407)649-4287 : (407)841-0168

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kmal270@yahoo.com

### Foreign Limited Liability Company Insync Home Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUN 10 2016

N. CAUSSEAUX

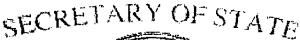
#### COVER LETTER

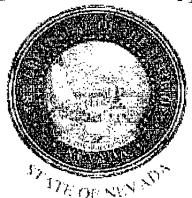
TO: Registration Section Division of Corporations		•	
SUBJECT: /NSYNC /	HOME SOLUT Name of I	10NS , LLC imited Liability Com	npany
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Comparegister the above refere	any for Authorization need foreign limited l	n to Transact Business in Florida," Certificate of liability company to transact business in Florida
Please return all correspondence conce	erning this matter to the f	Collowing:	
K	RISTI ALE Na	BERTSEN mc of Porson	
·	Fir	m/Company	***************************************
72:	S S. HAM.	PTON AUE	
		71001003	
ORLANDO, FL 32803 City/State and Zip Code			
<u>KM</u> E-n	A 1270 @ y	AHOO, COM	ort notification)
For further information concerning this	matter, please call:		
MARIA VALET Name of Con	NTIN ntact Person	et ( <u>732</u> )_ Arca Code	397~/357 Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Reg Cli 266	REET ADDRESS:  vision of Corporations gistration Section  fton Building 61 Executive Center Circle  llahassee, FL 32301
	mount: 130.00 Filing Fee & rtificate of Status	□ \$155.00 Filing Fe Certified Copy	ce & \$\Bigsiz\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

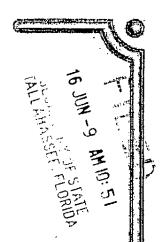
# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<i>IBILITY</i>
(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.")	đ
2. NEVADA (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)	
company is organized)	
4JUNE 1,2016	
4. JUNE 1, 2016  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 528 E. HIGHLAND ST	
ALTAMONTE SPRINGS, FL 32-701 (Street Address of Principal Office)	Th
6. MARIA VALENTIN	ر 162 ويو د 163 ويو
528 E. HIGHLAND ST. ALTAMONTE SPRINGS, FL 33701  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Mr.C.
Name: MARIA VALENTIN	
Office Address: 528 E. HIGHLAND ST.	
ALTAMONTE SPRINGS, Florida 32701 (City) (Zin 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 designate this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compatith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent.	oly .
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
KRISTI ALBERTSEN-MANAGER MARIA VALENTIN-MANAGER	
725 S. HAMPTON AVE 528 E. HIGHLAND ST.	
ORLANDO, FL 30803 ALTAMONTE SPRINGS, FL 30701	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	
Signature of an authorized person	
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.	
KRISTI ALBERTSEN	

Typed or printed name of signee







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## 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, INSYNC 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 May 19, 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 June 2, 2016.

BARBARA K., CEGAVSKE Secretary of State

Electronic Certificate Certificate Number: C20160602-2494 You may verify this electronic certificate online at http://www.nvsos.gov/