M600005095

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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06/23/16--01006--002 **125.00

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16 JUN 23 PN 3 42

SECRETARY OF STATE
AND ANALYSISEE, PLORIDA

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	ect: Urbana Real Est	ate So	olutions	; LLC		
		imited Liability				
	closed "Application by Foreign Limited Liability Comp ace, and check are submitted to register the above refere					
Please r	return all correspondence concerning this matter to the t	following:				
	Adela Mende					
	Na	me of Person				
Firm/Company						
	2127 Brickell Ave.	Apt 9	104		S 5	
		Address		L-	CR.	
	Miami, FL	33 12 9		HASS	JUN 23 ETARY	
	karlamendez@hotm				<u> </u>	
	E-mail address: (to be used	for future annual	report notifica	ition)	2m &	
For furth	ther information concerning this matter, please call:					
	Adela Mendet Name of Contact Person	at (617)_82	0-2254	<u>-</u>	
	Name of Contact Person	Area Code	Daytime	Telephone Nun	nber	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations Section ng ve Center Circle		
	ad is a check for the following amount: \$\mathbb{\mathbb{X}}\$\$125.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	_	\$160.00 Filing I Status & Certific		cate

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

COMPANY TO TRANSACT BE		
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C"	or "LLC.")
(If name unavailable, enter a	lternate name adopted for the purpose of transacting business in Florida. The alternate n	ame must include "Limited
Liability Company," "L.L.C.	," or "LLC.")	
2 Nevado (Jurisdiction under the law	7 of which foreign limited liability (FEI number, if applicab	<u>.</u>
company is organized)		•
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u>.</u>
5 8370 NW	and and are	
5. <u>83 (*) 14 44</u>	32 1011dec, 1/01de 1 10	
	(Street Address of Principal Office)	_
6.	(0.000.100.000.000.000)	—
·		
	(Mailing Address)	一套置量 四
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	LE 23
Name:	Business Filings Incorporated	
Office Address:	1200 South Pine Island Road	- 65 ~
Office Address.	'	二食用 5
	Plantation , Florida 33329 (City) (Zip code)	<u>.</u>
this application, I hereby	egistered agent and to accept service of process for the above stated corporation accept the appointment as registered agent and agree to act in this capacity. It is statutes relative to the proper and complete performance of my duties, and I are ition as registered agent.	further agree to comply
in mu	(Registered agent's signature)	
Adela Mo	acity and address of the person(s) who has/have authority to manage is/are: ndet - Manager - 8370 Nw 52nd Terrace, Dendet - Manager - 8370 Nw 52nd Terrace, Do	race Doral, FL 3
Karla M	lender - Manager 8370 NW 52Nd Terrace 1	Jan 1 33/66
Raina III	100 MA Tomas 10	LO 3116
Manuel ou	avet - Manager - 83+0 NW Sem Terrace, No	ral FL SSIBB
. Attached is a certificate urisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation ubmitted) Signature of an authorized person	g custody of records in the of the certificate under oath
	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that at the Department of State constitutes a third degree felony as provided for in s.81	

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, **URBANA REAL ESTATE 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 6, 2016, and is in good standing in this state.

SEN OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 8, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160608-0919
You may verify this electronic certificate
online at http://www.nvsos.gov/