M16000005632

(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: R.A. Sign WIV-44388									

Office Use Only



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06/20/16--01004--015 **125.00

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June 21, 2016

RICHARD PRICE 4474 WESTON ROAD, SUITE 284 DAVIE, FL 3331

SUBJECT: YOUR SECURE HOME SOLUTIONS, LLC

Ref. Number: W16000044388

We have received your document for YOUR SECURE HOME SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00013077

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section
Division of Corporations

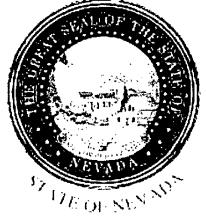
TO:

SUBJECT: Your Secure Home Solutions Name of Limited Liability Company										
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:										
Richard Price										
Name of Forson										
Firm/Company										
4474 Weston Rd. Ste. 284 Address										
Davie, FL 33331 City/State and Zip Code										
r Price & Se cure home solutions. US E-mail address: (to be used for future annual report notification)										
For further information concerning this matter, please call:										
Richard Price at (866) 466-3158 Name of Contact Person Area Code Daytime Telephone Number										
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301										
Enclosed is a check for the following amount: \$\begin{align*} \text{\$125.00 Filing Fee} \\ \text{Certificate of Status} \end{align*} \text{\$\$\$\$\$\$\$ \$\text{\$155.00 Filing Fee} & \$										

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

IN COMPLIANCE COMPANY TO TR					LOWING IS S	UBMITTED T	O REGIST.	ER A FOREI	IGN LIM	TTED LIABILITY
i. X	uv .	Secure	Hom	e Solo	itions	44	<i>(</i> *.			
(Ni	me of Fore	ign Limited Li	bility Compan	y; must include '	Limited Liab	ility Company	y," "L.L.C	.," or "LLC.	")	
(If name unavailab			lopted for the p	ourpose of transa	cting business	in Florida. T	he alternat	te name mus	t include	"Limited
2. Nev	ada			3,						
(Jurisdiction und company is or		of which foreig	n limited liabil	lity		(FEI numbe	er, if appli	cable)		
4.		(Date)	irst transacted ons 605.0904	business in Flori & 605.0905, F.S.	da, if prior to	registration.) penalty liabil	lity)			
5. 42	474		N Ra		. 284			3333/	,	
			(Street Addre	ess of Principal C	office)					
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									*** ***	
******			(Ma	ailing Address)						
7. Name and str	reet addres					-		1-1-	ا	in .
Name:		_Bus	iness	Filings	Incorp	orated	0	mm e 15	P	O
Office .	Address:	1200			land R	d. '		翌 台(ှ 25	
		<u> Yla</u>	:H	<u>۲</u>		_, Florida _				•
Registered agei	nt's accep	tance:	(C	lity)			(Zip cod	le)		
Having been no this application	ımed as re	gistered agen								
with the provisi	ons of all	statutes relati	ve to the prop							
the obligations	of my pos	ition as regist	ered ugent.) , , , , ,	, 4 . C	١ .		•		
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O Th	fa1			Registered agent			Ú	1		•
8. The name, to										
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447	4 U	leston	Ka.	, Ste ,	284, 1	Javie ,	PC	<u> 3333</u>	<u></u>	
	V								4-,	
9. Attached is a jurisdiction und	er the law	of which it is								
of the translator	must be s	submitted)								
			Sig	gnature of an au	Koriz e d persor	n				
This document submitted in a d	is execute locument t	d in accordance to the Departm	ce with section tent of State c	onstitutes a thir	d degree feld	ony as provi	ded for in	s.817.155	e inform , F.S.	nation
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			ı yı	ped or printed na	me or signee		•	7		

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, YOUR SECURE 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 9, 2016, and is in good standing in this state.

OF THE STATE OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on June 9, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160609-1631
You may verify this electronic certificate
online at http://www.nvsos.gov/