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| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO:

Registration Section Division of Corporations

Enclosed is a check for the following amount:
\$\sigma \text{\$125.00 Filing Fee} \square \text{\$\$130.00 Filing Fee & Certificate of Status}\$

| SUBJECT: Fa | oi Home | \$ LLC | |
|---|-------------------------------|---|---|
| | Name of | f Limited Liability Company | |
| | | npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida | |
| Please return all correspondence | concerning this matter to the | e following. | |
| | | \cdot | |
| | Jan | nes Mc Auliffe Name of Person | |
| | Ŋ | Name of Person | |
| | Pagi | Hones 16C | |
| | 100 | Firm/Company | |
| | , | TitueCompany | |
| 4 | 201 West | gate Ave Ste A16 | |
| | | Address | |
| _ h | lest Palm | State and Zip Code State and Zip Code Cidal 8/3/C 9 mail Com ed for futural innual report notification) | |
| | | | 4 |
| | <u> </u> | -108 3/3/6 9 mail 6000 | , |
| | E-man address; (to be use | ed for futura tinnual report notification) | |
| For further information concerni | ng this matter, please call: | | |
| James | MCA JEC | L at (678) 418 7235 Area Code Daytime Telephone Number | |
| None | of Contact Direct | at (6/10) 9/0 /233 | |
| Name | of Contact Ferson | Area Code Daytime Telephone Number | |
| MAILING ADDRESS | | STREET ADDRESS: | |
| Division of Corporation Registration Section | IS | Division of Corporations Registration Section | |
| P.O. Box 6327 | | Clifton Building | |
| Tailahassee, FL 32314 | | 2661 Executive Center Circle | |
| | | Tallahassee, FL 32301 | 5 |

☐ \$155.00 Filing Fee & Certified Copy

☐ \$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 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Papi Home S LLC.
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 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) lee sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oathin of the translator must be submitted) 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.

Tames T meaviffee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/12/2016 8715479-016008122016-544434

CERTIFICATE OF EXISTENCE

Registration Number:

8715479-0160

Business Name:

PAPI HOMES, LLC

Registered Date:

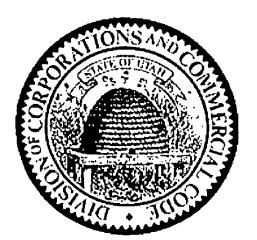
June 21, 2013

Entity Type:

LLC - Domestic

Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Director

Division of Corporations and Commercial Code

Hathy Berg