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| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | : #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Nam | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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| W16-5750 | 3 | | | | |

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SECRETARY OF STATE
ALLAHASSEE, FLORD



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2016

DAWN KIRKMAN 18315 CROOKED LN LUTZ, FL 33548

SUBJECT: WLT HOME SOLUTIONS, LLC

Ref. Number: W16000057503

16 AUG 29 PH 12: 40

We have received your document for WLT 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 916A00017528

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: | A TJC | ome Solutions Name of | LLC. | Company | | |
|--|-------------------------------|---|------------------------------|--|--|--|
| The enclosed "Applic | ation by For | eign Limited Liability Comp | pany for Authoriza | ation to Tra | ansact Business in Florida," (y company to transact busine | |
| Please return all corre | spondence c | oncerning this matter to the | following: | | | |
| | D | wn Kirkman | | | | |
| | | N | ame of Person | | | |
| | | F | irm/Company | | · · · · · · · · · · · · · · · · · · · | |
| _ | 18:315 | Crooked In | Address | | | |
| | Lut- | z, F1. <u>335</u> 1 City/S | 48 Itate and Zip Code | | | |
| | dtKir | Kmanhomes@y E-mail address: (to be use | d for future annual | report not | ification) | |
| For further informatio | n concernin | g this matter, please call: | | | | |
| Dawn | Kirkn Name o | non f Contact Person | at (<u>813</u> Area Code | | 19.8333 rtime Telephone Number | |
| MAILING A Division of C Registration P.O. Box 63: Tallahassee, | Corporations Section 27 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding cutive Center Circle see, FL 32301 | |
| Enclosed is a check for \$125.00 F | | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin | _ | ☐ \$160.00 Filing Fee, Cer | |

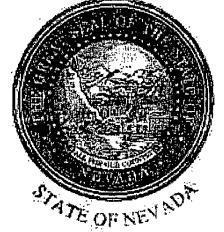
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL | .C.") |
|---|---|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name malability Company," "L.L.C," or "LLC,") | nust include "Limited |
| 2. Newdo 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | |
| 4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 5. 18315 Crooked Ln | |
| Lutz, Fl. 33548 (Street Address of Principal Office) | |
| 6. 3959 Van Dyke Rd | |
| Lutz, Fl. 33558 (Mailing Address) | AS = |
| 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | AUG CRUT |
| Name: <u>Dawn Kirkman</u> Office Address: <u>18315 Crooked Un</u> | TILE 29 P ANY O SSEE. |
| City), Florida 33548 (City) (Zip code) | PH 4: 0 |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt with the provisions of all statutes relative to the proper and complete performance of my duties, and I am faithe obligations of my position as registered agent. | ther agree to comply |
| (Registered agent's signature) | |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | |
| Davon Kirkman 18315 Crooked Ln Lutz F1 33548 Owner | -Imanager |
| Dannis Told Kirkman 18315 Crooked Ln Lutz Fl 335 | - <u>Im</u> anager 548 owner managi |
| 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the 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 fal submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 | lse information 5. F.S. |

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, WLT 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 July 15, 2016, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20160803-2019
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 3, 2016.

Barbara K. Cegavske BARBARA K. CEGAVSKE

Secretary of State

LIARY OF STATE
WHASSEE, FLORIDA

FILED