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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2016

SANDRA M LINDO 13713 NW 10TH CT PEMBROKE PINES, FL 33028

SUBJECT: HOUSE OF SECOND CHANCE, LLC

Ref. Number: W16000062021

We have received your document for HOUSE OF SECOND CHANCE, LLC and your check(s) totaling \$130.00 of which \$125.00 has been applied to file the other document(s)-leaving a balance of \$5.00 to file this document. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00019212

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOUSE OF SECOND (HANCE, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:
SAWDRA M. LIWO  Name of Person
Firm/Company
13713 NW JOHL G. Address
PCHOROCE PINES, FL 33028  City/State and Zip Code
SLINDO SLADEUSOLUTIONS, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA LINDO at (843) 290 8170  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\mathbb{I}\$\$125.00 Filing Fee \( \mathbb{K} \) \$\$130.00 Filing Fee \( \mathbb{K} \) Certificate of Status \( \mathbb{C} \) Certified Copy \( \mathbb{C} \) \$\$160.00 Filing Fee, Certificate of Status \( \mathbb{C} \) Certified Copy

## APPLI©ATION 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 RUNINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited liability Company," "LLC," or "LLC.")    NOTE	(Name of For	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Content of the law of which foreign limited liability		
ROYNTON BEACH FLORIDA 33436  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: SANDRA M LINDO  Office Address: 13713 NW 1074 COURT  Florida 33038  (Zip code)  gistered agent's acceptance:  (City)  (Cit	Jurisdiction under the law	w of which foreign limited liability  3
ROYNTON BEACH FLANDA 33436  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: SANDRA M LINDO  Office Address: 13713 NW 10TH COURT  PEMBROKE PINES Florida 33008  (City)		(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: SANDRA M LINDC  Office Address: 13713 NW 107H COURT  PEMBROKE PINES  (City)  (Zip code)  (Zip	1025	
Name: SANDRA M LINDO  Office Address: 13713 NW 10TH COLET  PEMBROKE PINES FLORIDA (City) (Zip code)  egistered agent's acceptance:  (City) (Zip code)  gistered agent and to accept service of process for the above stated corporation at the place designated is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent. Signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHARD E HELLER MANAGER 900 BCOTTA DR 201 HYPOLUYO FT 331  SANDRA M LINDO 13713 NW 10TH C+ PEMBROKE PINES FL 332028	E	Street Address of Principal Office)
Name: SANDRA M LINDO  Office Address: 13713 NW 10TH COLET  PEMBROKE PINES FLORES (City) (Zip code)  egistered agent's acceptance:  (City) (Zip code)  gistered agent and to accept service of process for the above stated corporation at the place designated is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept e obligations of my position as registered agent. Signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHARD E HELLER MANAGER 900 BCOTTA DR 201 HYPOLUYO FT 331  SANDRA M LINDO 13713 NW 10TH C+ PEMBROKE PINES FL 332028		(Mailing Address)
Office Address: 13713 NW 10TH COURT  PEMBROKE PINES Florida 33028  (City)  (City)  (City)  (Zip code)	Name and street addre	
PEMBROKE PINES  (City)  (City)	Name:	SANDRA M LINDO
egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place designated is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the the provisions of all statutes relative to the profer and complete performance of my duties, and I am familiar with and accept e obligations of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHAPO E HELLER MANAGER 900 BCOTTA DR 201 HYPOLUYO FT 331  SANDRA M LINDC 13713 NW 10TH CH PEMBRAKE PINES FT 33028	Office Address:	13713 HW 10TH COURT
aving been named as registered agent and to accept service of process for the above stated corporation at the place designated is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept e obligations of my position as registered agent.  Additionally the provision of my position as registered agent.  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHAPO E HELLER MANAGER 900 BCOTTADE 201 HYPOLING FL 331  CANDRA M LINDC 13713 NW 10 <sup>TH</sup> C+ PEMBROKE PINES FL 33008		(City) (Zip code)
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHAPO E HELLER MANAGER 900 BCOTTA DR 201 HYPOLLYO FL 331  SANDRA IN LINDO 13713 NW 10TH C+ PEMBRAKE PINES FL 33028	aving been named as re is application, I hereby ith the provisions of all	registered agent and to accept service of process for the above stated corporation at the place designated y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply I statutes relative to the proper and complete performance of my duties, and I am familiar with and acce
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  PICHAPO E HELLER MANAGER 900 SCOTTA DR 201 HYPOLLYO FT 331  SANDRA IN LINDO 13713 NW 10 <sup>TH</sup> C+ PEMBROKE PINES FL 33028	, , , , , , , , , , , , , , , , , , ,	Janda Lindo
PICHARD E HELLER MANAGER 900 BOOTTA DR 201 HYPOLLYO FL 331 SANDRA IN LINDO 13713 NW 10TH CT PEMBROKE PINES FL 33028		
SANDRA IN LINDO 13713 NW 10TH CT PEMBROKE PINES FL 33008	_	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the		LINDO 13713 NW 10TH CT PEMBROKE PINES FL 33008
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat the translator must be submitted)  Signature of an authorized person	risdiction under the law	w of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat submitted)

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, **HOUSE OF SECOND CHANCE**, **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 5, 2016, and is in good standing in this state.

STAL OF THE STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 19, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160919-1916
You may verify this electronic certificate
online at http://www.nvsos.gov/