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(Re	questor's Name)			
(Add	dress)	·		
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(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Registration Section

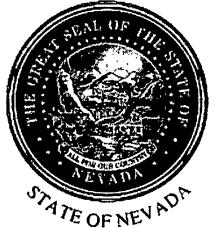
TO:

Div	ision of Corporation	ns					
SUBJECT:	REAPS Capital, LL	С					
50202011		Name of	Limited Liability C	ability Company			
		reign Limited Liability Comp ed to register the above refere					
Please return	all correspondence	concerning this matter to the	following:				
	Petronia Fergus	son					
	Name of Person						
Firm/Company							
	4846 N. University Drive- Suite 187						
	Address						
Lauderhill, FL 33351							
		City/S	tate and Zip Code	<u>.</u> .			
	info@3rhomesol	utions.com					
		E-mail address: (to be used	d for future annual	report notif	ication)	_ 5	
For further in	nformation concerning	g this matter, please call:				387	
Pet	ronia Ferguson		954 at (661-8327	7 第		
	Name o	of Contact Person	Area Code	Dayti	me Telephone Numbe	r z U	
Div Reg P.O	vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division of Registratio Clifton Bu 2661 Exec		3 30	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee of Status & Certified		

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 "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")
2. Ne vade. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty, liability)
5. 4846 N. University DR Suite 187
(Street Address of Principal Office)
6.
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Patavo U C
Office Address: 4846 N Valvesty Dr
Loudehill , Florida 33351
(City) (Zip code) Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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 comply
with 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.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Petronia Ferguson (Manager)
4846 N. University Dr Suite 187
Landuhul FL 33351
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 oath of the translator must be submitted)
- Petronia Ferguson
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.
Typed or printed name of signed

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, **REAPS CAPITAL**, **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 September 12, 2016, and is in good standing in this state.

AL OF THE STATE OF

Electronic Certificate
Certificate Number: C20160930-2993
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 September 30, 2016.

hara K. Cegarste

BARBARA K. CEGAVSKE

Secretary of State

SECRETARY PROSTATE TANDARY