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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL.			
(Bu	siness Entity Nam	<u>e)</u>			
(	<b>,</b>	-,			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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K. SALY

DEC - 2 2016



November 30, 2016

THOMAS WEMETT HOMEBUYER ADVISORS LLC 83 ROYALSTON RD. ORANGE, MA 01364

SUBJECT: HOMEBUYER ADVISORS LLC

Ref. Number: W16000080071

We have received your document for HOMEBUYER ADVISORS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00025524

### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	Homebuyer Advisors LLC			
3010	Name of Limited Liability Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:			
	Thomas Wemett			
	Name of Person			
	Homebuyer Advisors LLC			
	Firm/Company			
	83 Royalston Rd			
Address				
	Orange, MA 01364			
	City/State and Zip Code			
	tom@tomwemett.com			
	E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
	Thomas Wemett 518 524-8875			
	Name of Contact Person			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	ed is a check for the following amount:  \$\Bigsup \frac{1}{2} \\$125.00 \text{ Filing Fee}  \Bigsup \frac{1}{2} \\$130.00 \text{ Filing Fee}  \Bigsup \Bigsup \Bigsup \frac{1}{2} \\$155.00 \text{ Filing Fee}  \Bigsup \B			

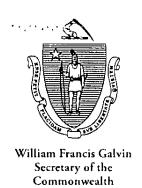
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

I. Homebuyer Advisors I					_
(Name of For	eign Limited Liability Company; mus	st include "Limited Li	ability Company," "L.L.C.," c	or "LLC.")	
Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")		ess in Florida. The alternate na	ame must include "Lin	_ nited
Massachusetts		3. 81-4480349			
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if applicabl	e)	-
ł					
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to .0905, F.S. to determine	o registration.) ne penalty liability)		
83 Royalston Rd				_	
Orange, MA 01364					
	(Street Address of F	Principal Office)			
5.		-		SEC.	m7'''
·· -				2016 DEC -1 SECKETARY FALLAHASS	
	(Mailing /	A didense)		— SSR 上	<b>.</b>
				graphy and	M
. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accep	table)	E OF TO	
Name:	Thomas Wemett		_	STATE STATE	
Office Address:	1451 W. Cypress Creek Rd - Su	uite #300	_	RIDE 32	
	Ft. Lauderdale		Florida 33309		
Registered agent's accep	(City)		(Zip code)		
lesignated in this applica o complywith the provision	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pay position as registered agent.  (Register	tment as registered (	agent and agree to act in t e performance of my dutic	his capacity. I furt	her agree
8. The name, title or capa	icity and address of the person(s)	who has/have autho	rity to manage is/are:		
Thomas Wemett - Manage					
1451 W. Cypress Creek R	d - Suite #300				
Ft. Lauderdale, FL 33309					
. Attached is a certificate urisdiction under the law of the translator must be su	- Homas U	ertificate is in a forei	gn language, a translation	g custody of records of the certificate und	in the der oath
	Signature	of an authorized perso	en		
	in accordance with section 605.0 the Department of State constitut				

Typed or printed name of signee

Thomas Wemett



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: November 30, 20

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed

in this office by

#### HOMEBUYER ADVISORS LLC

in accordance with the provisions of Massachusetts General Laws. Chapter 156C, on November 17, 2016.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 16120013240

Verify this Certificate at. http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: