

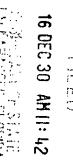
(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
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T WASHINGTON
JAN 3 2017

COVER LETTER

TO:

Registration Section

SUBJECT:	DRED	MLAND HOMES	110		
	<u> </u>		Limited Liability Co	ompany	
					ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all co	orrespondence o	oncerning this matter to the	following:		
			DO F. SILV	JA_	
		N	ame of Person		
		F	irm/Company		
	71	5 RIVIERA BE	LLA DR D Address	EBA	RY, FL 32713
-		DEBARY City/S	FL 3271	3	
_		E-mail address: (to be use	ir @ o mai	1. co	<u>M</u>
For further inform	ation concernin	g this matter, please call:		•	
ω_{i}	100	F. SILVA	_at (20]		11-9818
	name o	f Contact Person	Area Code	Day	time Telephone Number
	G ADDRESS:				ADDRESS:
	of Corporations ion Section				of Corporations ion Section
P.O. Box				Clifton B	
Tallahass	ee, FL 32314		:	2661 Exe	ecutive Center Circle see, FL 32301
Enclosed is a chec	k for the follow	_	□ \$155.00 EU	. T 0	E 01/0 00 Fill a Factoria
₩ \$125.€	o rung ree	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g ree &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLIÇATION 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:

It name unavailable enter al						 , .
Liability Company," "L.L.C.	ternate name adopted for the purpo " or "LLC.")	ose of transacting b	usiness in Florida. The alternate	name must	include	"Limited
NEVADA	of which foreign limited liability	3	81-4356986 (FEI number, if applica			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if application	ible)		
•	(Date first transacted busin (See sections 605,0904 & 60	ness in Florida, if p 5.0905, F.S. to det	rior to registration.)			
	715 RIVIERA BELLA			n mark	39	
·	115 KIVIERA ISELLA	A DIC.		3.0	330	
	DEBARY FL 327 (Street Address of	13			30	
				13.1 ···· 1337		<u> </u>
	· .				4H II: 42	(_ <i>)</i>
				25		
	(Mailing	g Address)			2	
. Name and street addres	ss of Florida registered agent: (l	P.O. Box <u>NOT</u> a	cceptable)			
Name:	WILFREDO F.	e 44.10				
name.	-					
Office Address:	715 RIVIERA	TELLA DE				
	TO KINEKA L	SELCH DK				
				<u>. </u>		
	DEBARY (City)		, Florida	<u>\$</u>		
Registered agent's accep	DEBARY (City)		, Florida <u>32713</u> (Zip code)		place u	lesignated
Registered agent's accep Having been named as re his application, I hereby	DEBARY (City) tance: gistered agent and to accept se accept the appointment as regi	rvice of process j	Florida 32713 (Zip code) for the above stated corporal agree to act in this capacity	tion at the p . I further	agree	to comply
Registered agent's accep Having been named as re his application, I hereby with the provisions of all s	DEBARY (City) tance: gistered agent and to accept se accept the appointment as regi	rvice of process j	Florida 32713 (Zip code) for the above stated corporal agree to act in this capacity	tion at the p . I further	agree	to comply
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Registered agent's acceptaving been named as rethis application, I hereby with the provisions of all she obligations of my positions. The name, title or capatally acceptable. Attached is a certificate	DEBARY (City) tance: gistered agent and to accept se accept the appointment as registatutes relative to the proper a stion as registered agent. (Reginally and address of the person(se) OF OLUA of existence, no more than 90 co of which it is organized. (If the	rvice of process justered agent and complete perjustered agent's signals) who has/have a MANAGE	, Florida 32713 (Zip code) for the above stated corporate agree to act in this capacity formance of my duties, and stature) authority to manage is/are:	ion at the p. I further am famili	agree iar with	to comply h and acce

WILFREDO F. SILVA
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, **DREAMLAND HOMES**, **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 October 5, 2016, and is in good standing in this state.

TAYADA ANA MARKATAN ANA MARKATA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 6, 2016.

Ballora K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20161206-2282
You may verify this electronic certificate
online at http://www.nvsos.gov/