## M7-000001401

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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January 18, 2017

VICTORIA M DREVENSEK 640 E 62 ST HIALEAH, FL 33013

SUBJECT: D'VINE KNIGHTS PROPERTY SOLUTIONS, LLC

Ref. Number: W17000004141

We have received your document for D'VINE KNIGHTS PROPERTY 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):

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: 417A00001044

## **COVER LETTER**

J <b>BJECT:</b>	D'VINE KNIGHTS	PROPERTY SOLUTIONS	S, LLC		
DESECT: _	<del> </del>	Name of	Limited Liability Co	ompany	
				ion to Transact Business in Flor d liability company to transact b	
ease return a	all correspondence c	oncerning this matter to the	following:		
,	VICTORIA M.	DREVENSEK			エン
		N	lame of Person		
	D'VINE KNIGI	HTS PROPERTY SOLUTI	ONS, LLC		بر مرا
	<del>, , , , , , , , , , , , , , , , , , , </del>	F	irm/Company	- <del></del>	
	640 E. 62nd ST				
			Address		<del></del>
	HIALEAH, FL	33013	,		
		City/S	State and Zip Code		· <del>·····</del>
	silkraven2000@y	rahoo.com			
		E-mail address: (to be use	d for future annual r	eport notification)	·
r further info	ormation concerning	this matter, please call:			
VICT	TORIA M. DREVE	NSEK	305 ·	788-2280	
<del></del>	Name o	f Contact Person	Area Code	Daytime Telephone Numb	er
Divis Regis P.O. I	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314	•	`` ``	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the followi 25.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee & \$\sigma\$ \$160.00 Filing Fe of Status & Certified	

PAYMENT PROVIOUSLY MAILED IN.

## 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:

L.	OPERTY SOLUTIONS, LLC		
(Name of Fore	eign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacti " or "LLC.")	ng business in Florida. The alternate name i	nust include "Limited
2. NEVADA	3	•	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. ta	, if prior to registration.)	
240 W 20 1 0W	(See sections 605.0904 & 605.0905, F.S. to	o determine penalty liability)	
5. 640 E. 62nd ST.			
HIALEAH, FL 33013			
	(Street Address of Principal Off	ice)	<u></u>
6.			, <del>-1</del> 1
·			<u> </u>
			مسه ترکی
	(Mailing Address)		9
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	OT acceptable)	
Name:	BUSINESS FILINGS INCORPORATED	·	င့္တာ င္ခဲ့
Office Address:	1200 S. PINE ISLAND ROAD		୍ଥି କ
	PLANTATION	33324	
	(City)	, Florida 33324 (Zip code)	
Registered agent's accep	, ,,	(Elp cocc)	,
	gistered agent and to accept service of proc accept the appointment as registered agent		
	statutes relative to the proper and complete	performance of my duties, and I am fa	miliar with and accept
the obligations of my posi	tion as registered agent.	1	
•	DILLINGS YUTTOP!	With Secretary	_
	(Registered agent's	signature)	)
8. The name, title or capa	ecity and address of the person(s) who has/ha	ve authority to manage is/are:	
VICTORIA M. DREVEN	•	-	
640 E. 62nd ST			
HIALEAH, FL 33013			<del></del>
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted)  Signature of an author		
	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third d	egree felony as provided for in s.817.15	

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, **D'VINE KNIGHTS PROPERTY 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 December 1, 2016, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 28, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161228-3097
You may verify this electronic certificate
online at http://www.nvsos.gov/