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





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#### COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: GMW HOME SOLUTIONS 22C  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:
Scott LAMB Name of Person
Firm/Company
4611 N. FEDERAL HIGHWAY APT 126 Address
Address  Ponlano Bench for 33064  City/State and Zip Code
WEBSTERLAMB 6 @ VAIHOO, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott LAMB at (305) 796-7931  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\frac{125.00}{2}\$ \frac{125.00}{2}\$ \frac{130.00}{2}\$ \frac{130.00}{2}\$ \frac{1100}{2}\$ \frac{100}{2}\$ \frac{100}{2}\$ \frac{100}{2}\$ \frac{100.00}{2}\$ \frac{1100}{2}\$ \frac{1000}{2}\$ 1



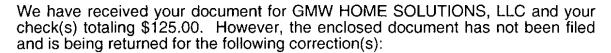
### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2017

SCOTT LAMB 4611 N FEDERAL HIGHWAY APT 126 POMPANO BEACH, FL 33064

SUBJECT: GMW HOME SOLUTIONS, LLC

Ref. Number: W17000007086



You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00001594

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## '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 "LLC.")
2. NEVADA (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 4611 N. FEDERAL HIGHWAY APT 126
Pompano Beach FL 33064 (Street Address of Principal Office)
6.
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: BUSINESS FIGINGS INCORPORATED
Name: BUSINESS FIEINGS INCORPORTED  Office Address: 1200 S. PINE ISLAND RD.
PLANTATION , Florida 33324 (City) (Zip code)
(City) (Zip code)
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.
Brind Klen- Asst Secretary For Business Filings Incorporated (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
SCOTT LAMB MGR 4611 N. FEDERAL HIGHWAY, AFT 126 POMPANO BEAM MATTHEW LAMB MGR " FL 3306
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)  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.

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, **GMW HOME 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 October 6, 2016, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 9, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20161109-1763
You may verify this electronic certificate
online at http://www.nvsos.gov/