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COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: Transf	Camateric 2 Name of L	Property imited Liability Company	Solutions, LLC	
			ansact Business in Florida," Certificate of y company to transact business in Florida	
Please return all correspondence conc	erning this matter to the fo	ollowing:		
	Todd A	Loggatt ne of Person		
Transformation 2 Property Solutions, LLC				
4948 Geekside Lane Address				
Milfon FL 32570 City/State and Zip Code				
E-			gmail-com	
For further information concerning this matter, please call:				
Todd Name of Co	Hoggatt ontact Person	at (<u>228</u>) <u>2</u> Area Code Da	vtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	,	Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
•	amount: \$130.00 Filing Fee & ertificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

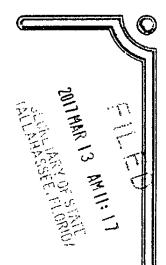
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPCTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGEN. LIMITED HABILITY COMPANY TO TRANSACT HESSINESS IN THE STATE OF FILORIDA TRANSFORMATION2 PROPERTY SOLUTIONS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Nevada (Atrisdiction 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) 4948 CREEKSIDE LN Milton FL 32570 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 us 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Todd Hoggatt Mgr 4948 CREEKSIDE LN Milton FL 32570 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. Todd Hoggatt

Typed or printed name of signes

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, **TRANSFORMATION2 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 February 22, 2017, 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 March 7, 2017.

Ballons K. Cegerske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170307-2168
You may verify this electronic certificate
online at http://www.nvsos.gov/