## 1111000002456

(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: D	ouble Vision Ho					
		Name of I	Limited Liability (	Company		
The enclosed "A Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorizanced foreign limit	tion to Tra	unsact Business in Florida," Certificate y company to transact business in Florid	of ia
Please return al	correspondence	concerning this matter to the	following:			
	Dawn C An					
		Na	ime of Person			
	Double Visi	on Homes, LLC				
		Fi	rm/Company			
	1440 Coral	Ridge Dr, #211				
			Address			
	Coral Springs	, FL 33071				
		City/St	ate and Zip Code			
	dawn@affiliated	dhomes.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further info	rmation concernin	g this matter, please call:				
Daw	n C Anderson		_at (954	<sub>)</sub> 612-1	547	
<b></b>	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount:  \$\mathbb{H}\$\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RI ISINESS. IN THE STATE OF FLORIDA:

(	eign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or "L	LC.")
If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of "or "LLC.")	of transacting business in Florida. The alternate name r	must include "Limited
Nevada (Jurisdiction under the law company is organized)	of which foreign limited liability	3(FEI number, if applicable)	
ł	(Date first transacted business	in Florida, if prior to registration.)	
5. 1440 Coral Ridge Dr	(See sections 605,0904 & 605.09	905, F.S. to determine penalty liability)	بالمسد
Coral Springs, FL 3			
	(Street Address of Pri	incipal Office)	T 联系 20 基 11: 24
J			
	(Mailing Ac	idress)	72
7. Name and street addre	ss of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr.	STE 150A	
	Tampa	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	
designated in this applicate to complywith the provision.	tion, I hereby accept the appointm	ce of process for the above stated limited liability ment as registered agent and agree to act in this croper and complete performance of my duties, a	capacity. I further agree
	(Register	red agent's signature)	
8. The name, title or cap	acity and address of the person(s) v	who has/have authority to manage is/are:	
•	•	who has/have authority to manage is/are: #211, Coral Springs, FL 33071	
J. Lee Anderson, M	Igr 1440 Coral Ridge Dr. #		
J. Lee Anderson, N Dawn C Anderson,  9. Attached is a certificate	Mgr 1440 Coral Ridge Dr. # Mgr 1440 Coral Ridge Dr e of existence, no more than 90 days of which it is organized. (If the certable)	#211, Coral Springs, FL 33071  7, #211, Coral Springs, FL 33071  8 old, duly authenticated by the official having curtificate is in a foreign language, a translation of the	
J. Lee Anderson, N Dawn C Anderson, 9. Attached is a certificate jurisdiction under the law	Mgr 1440 Coral Ridge Dr. # Mgr 1440 Coral Ridge Dr e of existence, no more than 90 days of which it is organized. (If the cer	#211, Coral Springs, FL 33071  7, #211, Coral Springs, FL 33071  8 old, duly authenticated by the official having curtificate is in a foreign language, a translation of the	

Typed or printed name of signee

Dawn C. Anderson

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, **DOUBLE VISION 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 March 1, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 14, 2017.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20170314-2138
You may verify this electronic certificate
online at http://www.nvsos.gov/