M1700003272

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

Office Use Only



100297901431

04/14/17--01024--001 **125.00

SECKLIVET DED

APR 18 2017

TO:

то:	Registration Section Division of Corporation	18			
SUBJI	ECT: HOME BUYERS C	ONNECTION, LLC			
		Name of	Limited Liability Company	y	-
				Fransact Business in Florida, lity company to transact busi	
Please	return all correspondence of	concerning this matter to the	following:		
	BART JONE	S			_
		N	ame of Person		
	HOME BUYERS CONNECTION, LLC				
Firm/Company					
	8795 58TH WAY NORTH				_
Address					_
	PINELLAS PA	RK FL 33782			_
		City/S	tate and Zip Code		
	bkjperson@gma	ail com		SEL ALL	
	- Enjparaon agnic	E-mail address: (to be use	d for future annual report	notification) $\pm \hat{r}_{0}^{0}$. بىلى .
For fu	rther information concernin		·	ARY OASSEE.	
	BART JONES		at (770) 654	4-1447 T	
	Name o	of Contact Person	Area Code D	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		Divisio Regist Cliftor	ET ADDRESS: on of Corporations ration Section n Building Executive Center Circle	
			Tallah	assee, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	& ☐ \$160.00 Filing Fee. 0 of Status & Certified Co	

ALT PLANSMEN

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:

I. HOME BUYERS CONN		
(Name of Fore	ign Limited Liability Company; must include "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in 'or 'LLC.'')	n Florida. The alternate name must include "Limited
NEVADA	3	(FEI number, if applicable)
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
ļ		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	egistration.) cnalty liability)
8795 58TH WAY NORTH		
PINELLAS PARK FL	33782	
111111111111111111111111111111111111111	(Street Address of Principal Office)	
8795 58TH WAY NOR	TH	
PINELLAS PARK FL 3	3782	
, meet to i many e or	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptab	ole)
Name:	BART JONES	
Office Address:	8795 58TH WAY NORTH	
Office Address.		Aug 23
	(City)	Florida 33782 (Zip code)
Registered agent's accept	tance:	ASS ASS
Having been named as re designated in this applica	gistered agent and to accept service of process for the o tion, I hereby accept the appointment as registered age	above stated timited mubility companyes in place ont and agree to act in this capacity. I further agr
o complyw <mark>ith the provisi</mark> e	ons of all statutes relative to the proper and complete p	performance of my duties, antif am fulfilliar with
iccept the obligations of t	my position as registered agent.	
	Registered agent's signature)	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
	(Registerou agent a signature)	-
8. The name, title or capa	acity and address of the person(s) who has/have authority	·
BART JONES, MANA	GER 8795 58TH WAY NORTH PINELLAS P.	ARK FL 33782
KELLY JONES, MAN	IAGER 8795 58TH WAY NORTH PINELLAS	PARK FL 33782
O. Attached is a certificate urisdiction under the law of the translator must be sa	12/2	ted by the official having custody of records in the language, a translation of the certificate under oat
	Signature of an authorized person	
	l in accordance with section 605.0203 (1) (b), Florida State Constitutes a third degree felon	

Typed or printed name of ciance

BART JONES

SECKETANT 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, **HOME BUYERS CONNECTION**, **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 27, 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 April 10, 2017.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20170410-0526
You may verify this electronic certificate
online at http://www.nvsos.gov/