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COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: JLT HUI	ne Solutions Name of 1	imited Liability Com	npany	
				isact Business in Florida." Certificate of company to transact business in Florida
Please return all correspondence co				
	iara Mcta	um of Person		
		m/Company		
321	9 Perimeter	Circle Address		
Val	dosta, GA	31602	· · · · · · · · · · · · · · · · · · ·	
<u>mcea</u>	9 Perimeter 19 dosta, GA City/St Lyama ym E-mylladdress 10 ywed	ate and Zip Code		
For further information concerning		i for future annuai reț	port noti	neation)
Diara McZa	dy f Contact Person	at (<u>129</u>)	S Dayt	(v3-629) ine Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 32314		Di Re Cl 26	ivision o egistratio lifton Bu 661 Exec	ADDRESS: of Corporations on Section ulding cutive Center Circle see, F1, 32304
Enclosed is a check for the follow: ☐ \$125.00 Filing Fee	ing amount: \$\overline{\mathbb{Z}}\$130 00 Filing Fee & Certificate of Status	□ \$155 00 Filing F Certified Copy	Fee &	☐ \$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 SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN 118	MTTED I	JABII ITY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	J.C ")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L. L. C." or "LL.C.")	must includ	e "Limi	1ed
2. NWada (Jurisdiction under the law of which foreign limited hability company is organized) 3. (FEI number, if applicable)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)			
5. 3219 Perineter Circle			
(Street Address of Principal Office)	ZS.		
Valdusta, GA 31602	TANK ECKET	17 MAY	
(Mailing Address) 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)	JASSE ASSE	- +	Ark Jar Staarn
Name: Mario Davis		5₹ 7	Statespy.
Office Address: 5484 Westland Station Rd	98.ĭE	 Coo	همهدا
Jacksonville Florida 32244		 ,	
(City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability			
designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.			
(Registered agent's signature)			
8. The name, title or canacity and address of the person(s) who has/have authority to manage is/are:			
Alexis Mctady, Manager, 920 Madison Ave, Vallost-1GA 316	102		
Diara Mitad, Manager, 3219 Penneter Grole, Valdesta, GA	31602		
Alexis Mctady, Manager, 920 Madisn Ave, Vallasta, GA 316 Diara Mctady, Manager, 3219 Penneter Grole, Valdasta, GA Sale Reynolds, Manager, 1809 Hazel Dive Valdasta, 6a 3 Mario Davis, Manager, 5484 Westland Station Restacts wille, Fi 32241 9 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having or jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the	1/632 y ustody of re the certific	ecords ite und	in the er oath
of the translator must be submitted) Delta			
	# 1_		
This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1		nation	
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, **JLT 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 April 5, 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 19, 2017.

Balbara K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170419-0378
You may verify this electronic certificate
online at http://www.nvsos.gov/