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D. SCOTT MAY 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HIGH STATE HOMES, LLC		
Name of	Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refe	pany for Authorization to Transact Business in Florida," Certifica renced foreign limited liability company to transact business in Flo	te of orida
Please return all correspondence concerning this matter to the	e following:	
HIGH STATE HOMES, LLC		
	lame of Person	
Jorge Cruz Mejia Mgr		
1	irm/Company	
2425 NW 52nd Street		
	Address	
Miami FL 33142		
City/	State and Zip Code	
Ant.leo1221@gmail.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, please call:	-10 章 -13	
Jorge Cruz Mejia Mgr	at (786) 291-7685	
Name of Contact Person	Area Code Daytime Telephone Number	777
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	FILTO HOE
Enclosed is a check for the following amount: \$\square \forall \\$125.00 \text{ Filing Fee} \text{S130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iability Company," "L.L.C.	Ternate name adopted for " or "LLC,")	r the purpose of transac	ting business in Florida. The alternate name	must include "Limited
Nevada (Jurisdiction under the law	of which foreign limited	3	(FEI number, if applicable)	
company is organized)	_	•		
	(Date first trans	acted business in Florid	la, if prior to registration.) to determine penalty liability)	
	(See sections 605.)	0904 & 605.0905, F.S.	to determine penalty liability)	
2425 NW 52nd Street M	liami FL 33142			
- · · · · · · · · · · · · · · · · · · ·			1 Walt	
		Address of Principal O		
		(Mailing Address)		
Name and street addres		_	I <u>OT</u> acceptable)	
Name:	Registered Agents	Inc.		
	2020 N. Booky Do	oint Dr. STE 150A		
Office Address:	SUSU IN. RUCKY PO	IIII DI. STE 130A		
Office Address:	Tampa			
egistered agent's accep	Tampa	(City)	. Florida 33607 (Zip code)	
egistered agent's accep laving been named as re esignated in this applica complywith the provisi	Tampa tance: gistered agent and to tion, I hereby accept to ons of all statutes rela	(City) accept service of pro the appointment as ra ntive to the proper an red agent.	ocess for the above stated limited liabili egistered agent and agree to act in this d complete performance of my duties,	capacity. I further ag
egistered agent's accep laving been named as re esignated in this applica o complywith the provisi	Tampa tance: gistered agent and to tion, I hereby accept to ons of all statutes rela	(City) accept service of pro the appointment as ra ntive to the proper an	ocess for the above stated limited liabili egistered agent and agree to act in this d complete performance of my duties,	capacity. I further ag
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degistered agent's acceptaving been named as refessionated in this applicate comply with the provision copt the obligations of a second comply with the provision of the obligation of the or capable of the or ca	Tampa tance: rgistered agent and to tion, I hereby accept to ons of all statutes relatively position as register acity and address of the 2425 NW 52nd Str of existence, no more of which it is organize	(City) accept service of prothe appointment as rative to the proper and red agent. (Registered agent' the person(s) who has/leet Miami FL 331	seess for the above stated limited liability egistered agent and agree to act in this discomplete performance of my duties, a signature) have authority to manage is/are: 42 It y authenticated by the official having companies in a foreign language, a translation of	capacity I further ag and I am familiar with

Typed or printed name of signee

Jorge Cruz Mejia Mgr

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, **HIGH STATE 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 April 12, 2017, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20170503-2149
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 3, 2017.

Barbara K. Cegavske
Secretary of State