# M17000004363

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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**S Warren** MAY 2 3 2017



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2017

SAVITRI SINGH 2242 SECTION DRIVE APOPKA, FL 32703

SUBJECT: THE PERFECT HOME INVESTMENT, LLC

Ref. Number: W17000033273

We have received your document for THE PERFECT HOME INVESTMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P11000072952 PERFECT HOME INVESTMENTS, INC.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren

Regulatory Specialist II

Letter Number: 217A00007523

#### COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT: The	Perfect Ho	ome Investimited Liability Company	tment, LL	C
The enclosed "Application by For Existence, and check are submitted."				
Please return all correspondence	concerning this matter to the	following:		
	SAVITRI	SINGH ame of Person		-
	LE Perfect		Svestment,	Uc
	42 Section	Drive	· · · · · · · · · · · · · · · · · · ·	-
	· · · · · · · · · · · · · · · · · · ·	FL 3		-
	Singh 905 E-mail address: (To be use	5 @ aol- d for future annual report n	CDM otification)	<b>201</b>
For further information concerning	_			2017 MAY 22
SAVITRI Name o	SINGH of Contact Person	_ at ( <u>407</u> ) <u> </u>	21 - 3 935 aytime Telephone Number	AY 22 PH
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registra Clitton 2661 E	ET ADDRESS:  n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	# <b>#</b>
Enclosed is a check for the follows:  \$\Boxed{\Boxes} \\$ \$125.00 Filing Fee	ing amount:  \$\Boxed{\Omega}\$ \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee. C of Status & Certified Co	

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

IN COMPLEX E WITH ME TRON 805.0902, FLORIDA STATE LES, THE FOLLOWING IS NOBMITTED TO REGISTERA FOREGOV LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. The Perfect Home Twestment, UC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC,")
2. THE ENTITY COMPANY (Jurisdiction under the law of which foreign limited liability)  3. 82-0667410 (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)
5. 2242 SECTION DRIVE Apopka, FL 32703
· Some Propries
(Street Address of Principal Office)
6
SAME AS ABOVE (Mailing Address)
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: SAVITRI SINGH
Office Address: 2242 Section Drive
Apopka FL 32703 . Florida 32703 (City) (City)
Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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.
D. Dingh
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
SAVITRI SINGH CEO
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 anauthorized person
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.  SAVITRI SINGH
(

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, **THE PERFECT HOME INVESTMENT**, **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 8, 2017, and is in good standing in this state.

Certified By: Christine Rakow Certificate Number: C20170517-1822 You may verify this 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 18, 2017.

Barbara K. Cegavske
Secretary of State