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SEURE FARY OF STATE DIVISION OF CORPORATIONS

M. MILLIGAN JUN 2 0 2017

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	. ' S				
SUBJE	CT: M&S HOME SOLU		F to tar d F to 1 11'a . Z			
		Name of	Limited Liability (Company		
					nsact Business in Florida," Ce company to transact business	
Please r	eturn all correspondence c	oncerning this matter to the	following:			
	SARAI CAST					
		N	ame of Person			
	M&S HOME S	SOLUTIONS, LLC				
		, , , , , , , , , , , , , , , , , , , 	rm/Company			
	34B GRANT	ST				
			Address			
	FAIRVIEW NJ					
		City/S	tate and Zip Code			
	saraicastillo15@					
		E-mail address: (to be used	d for future annual	report not	ification)	
For furt	her information concerning	g this matter, please call:				
	SARAI CASTILLO		at (201) 681-08	383	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS:				ADDRESS:	
	Division of Corporations				of Corporations	
	Registration Section P.O. Box 6327			Clifton B	ion Section uilding	
	Tallahassee, FL 32314				cutive Center Circle	
	·			Tallahass	ee, FL 32301	
Enclose	d is a check for the follow	ing amount:				
	\$125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filir	ng Fee &	□ \$160.00 Filing Fee, Certi	ificate
		Certificate of Status	Certified Copy		of Status & Certified Copy	

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

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:

	eign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacti " or "LLC.")	ng business in Florida. The alternate name m	ust include "Limited
2. NEVADA	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) o determine penalty liability)	
5. 348 GRANT ST FAIRV		<u> </u>	
	(Street Address of Principal Off	ice)	T VIEW
6. 34B GRANT ST FAIR	VIEW NJ 07022		
			19 0元
-	(Mailing Address)		TJUN 19 AM 11: 40
7. Name and street address	ss of Florida registered agent: (P.O. Box NC	OT_acceptable)	= ==
Name:	Registered Agents Inc.	<i>,</i>	50 OFF
		·	•
Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Tampa	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	,
	gistered agent and to accept service of proc	ees for the above stated limited lighility	
designated in this applica	ition, I hereby accept the appointment as regions of all statutes relative to the proper and	gistered agent and agree to act in this co	apacity. I further agre
designated in this applica to complywith the provisi	ition, I hereby accept the appointment as re	gistered agent and agree to act in this co	apacity. I further agre
designated in this applica to complywith the provisi	ition, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in this co complete performance of my duties, an	apacity. I further agre
designated in this applica to complywith the provisi	ition, I hereby accept the appointment as regions of all statutes relative to the proper and	gistered agent and agree to act in this co complete performance of my duties, an	apacity. I further agre
designated in this applica to complywith the provisi accept the obligations of	ition, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in this concepted complete performance of my duties, and signature)	apacity. I further agre
designated in this applica to complywith the provisi accept the obligations of 8. The name, title or cap	ition, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this concepted complete performance of my duties, and signature) ave authority to manage is/are:	apacity. I further agre
designated in this applica to complywith the provisi accept the obligations of 8. The name, title or cap	intion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	gistered agent and agree to act in this concentrate complete performance of my duties, and signature) ave authority to manage is/are: VNJ 07022	apacity. I further agre
designated in this applicate complywith the provision accept the obligations of a second the name, title or capa SARAI CASTILLO, MA	intion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	gistered agent and agree to act in this concentrate complete performance of my duties, and signature) ave authority to manage is/are: VNJ 07022	apacity. I further agre
designated in this applicate to complywith the provisi accept the obligations of a second the name, title or capa SARAI CASTILLO, Mandichel Hernandez, No. 2016.	intion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	gistered agent and agree to act in this concentrate performance of my duties, and signature) signature) ave authority to manage is/are: V NJ 07022 EW NJ 07022	apacity. I further agree and I am familiar with a

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.

SARAI CASTILLO

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, **M&S 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 May 23, 2017, and is in good standing in this state.

The second secon

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 12, 2017.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170612-1567
You may verify this electronic certificate
online at http://www.nvsos.gov/