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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	LIFES	TYLES	PRO	PERTY	S	LUTIO	NS	116	
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Division Registrat P.O. Box	of Corporations ion Section . 6327 see, FL 32314				Division Registrat Clifton B 2661 Exc	of Corporation Section Section Suilding Secutive Ceres, FL 323	ations n nter Circle	,	
Enclosed is a chec \$125.0	00 Filing Fee	ing amount: \$\square\$\square\$130.00 Filing \mathbf{I}\$ Certificate of Stati		□ \$155.00 Filii Certified Copy			00 Filing s & Certif	Fee, Certificate led Copy	



May 23, 2017

HOWARD PIPER LIFESTYLES PROPERTY SOLUTIONS, LLC 9511 N HOLLYBROOK LAKE DR, UNIT 10-305 PEMBROKE PINES, FL 33025

SUBJECT: LIFESTYLES PROPERTY SOLUTIONS, LLC

Ref. Number: W17000043495

We have received your document for LIFESTYLES PROPERTY SOLUTIONS, LLC and your check(s) totaling \$125.00. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

LifeStyles Property Solutions LLC 9511 N Hollybrook Lake Drive, Unit 10-305, Pembroke Pines FL 33052 954 290 8874, lifestylespropsolutions@gmail.com



June 13, 2017

Attn.; Ms. Michelle Milligan
Senior Section Administrator
Division of Corporations
Registration Section

RE: Ref. Number W17000043495

Dear Ms, Milligan,

Thank you for the feedback regarding registration of the name Lifestyles Property Solutions LLC (attached). As requested in your letter, I have entered an alternate name, should the preferred name prove to be unavailable. However, having searched your database prior to and after the application to register the name, your database seemed to show the name was available

I am aware that you may have criteria with which we are not familiar however, we are requesting that after your review, if it is in any way possible, please accept the name as proposed, Lifestyles Property Solutions LLC.

Thank you for your assistance.

Sincerely

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SECRETARY OF STAT

A'PPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 805.0902, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN DIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. LIFESTYLES PROPERTY SOLUTIONS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
LIFESTYLES HOUSING SOLUTIONS LLC.
(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. STATE OF NEYADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82 - 1455618 (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 9511 N. HOLLYBROOK LAKE DRIVE, UNIT 10-3085
PEMBRUKE PINES FL 33025 (Street Address of Principal Office) 6. P. O BOX 27740
6. P.O BOX 27740
LAS VECAS, NEVADA 89126 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: HOWARD PIPER
Office Address: 9511 NHOLLYBROOK LAKE DR
PEMBROKE PINES, Florida 33025
(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 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.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
HOWARD PIPER MANACIER
9511 N. HOLLYBROOK LAKE DRIVE HAIT 10-305
HONIARD PIPER MANAGER 9511 N. HOLLYBROOK LAKE DRIVE WHIT 10-305 PEMBROKE PINES, FL 33025
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)
Signatur 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.

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, **LIFESTYLES PROPERTY 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 20, 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 June 2, 2017.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170602-2342
You may verify this electronic certificate
online at http://www.nvsos.gov/