# M17000006361

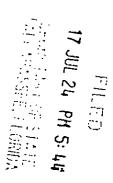
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
THE added per sabriel Rames.

Office Use Only



100301112061

07/10/17--01028--032 \*\*125.00



S. WARREN
JUL 2 7 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2017

GABRIEL RAMOS SR 1837 SW 11TH TER MIAMI, FL 33135

SUBJECT: SR HOMES, LLC Ref. Number: W17000057742

We have received your document for SR HOMES, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Letter Number: 517A00014119

Dionne M Pijeaux Regulatory Specialist

www.sunbiz.org

#### COVER LETTER

•

TO:	Registration Section Division of Corporatio	ns.				
SUBJE	CCT: SR HOMES, LLC					
		Name of	Limited Liability	Company		
					ansact Business in Florida," Certificate of y company to transact business in Florida	
Please	return all correspondence	concerning this matter to the	following:			
	Gabriel Ram	os SR.		· · · -		
		iN	lame of Person			
	SR HOMES,	LLC				
		k	irm/Company			
1837 SW 11TH TER						
			Address			
	MIAMI FL 331	35				
		City/S	itate and Zip Code			
	gramos101@ich					
		E-mail address: (to be use	d for future annual	report not	dification)	
For furt	her information concerning	g this matter, please call:				
	Gabriel Ramos SR.		at (_786	, 202-5	450	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding secutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow  \$125.00 Filing Fee	ring amount: □ \$130,00 Filing Fee & Certificate of Status	□ \$155,00 Filid Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

SR HOMES, LLC	eign Limited Liability Company; must include "	1 :::: 0 :: 1 ::: 1 ::: 1 ::: 1 :: 1 ::	** of f () **.
(Name of For	eign Lanned Labinty Company; must include	Timited Danniny Company, 17.1C.	, or "Lux <sub>4</sub> . )
Cname unavailable, enter a lability Company," "L.L.C.	Iternate name adopted for the purpose of transacillor (LLCL)	cting business in Florida. The alternate	name must include "Limited
NEVADA			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applie	able)
	(Date first transacted business in Floric (See sections 605,0904 & 605,0905, F.S.	la, if prior to registration.) to determine penalty liability)	
1837 SW 11TH TER M			
			<b>17</b> ,
	(Street Address of Principal C)	flice)	FIL JUL 24
1837 SW 11TH TER	MIAMI FL 33135		71L 24
	(Mailing Address)		
Name and ctreet address	ss of Florida registered agent: (P.O. Box) N	WYC manneral day	
	_	acceptable)	5 <b>4</b>
Name:	Registered Agents Inc.	<del></del>	
Office Address;	3030 N. Rocky Point Dr. STE 150A	<u></u>	
	Tampa	, Florida <u>33607</u>	
egistered agent's accep	(CIIŽ)	(Zip code	)
vsignated in this applica complywith the provision	gistered ugent and to accept service of pro- tion, I hereby accept the appointment as r- ons of all statutes relative to the proper an my position as registered agent.	egistered agent and agree to act in	n this capacity. I further ag
	(Registered agent)	<u> </u>	<del></del>
		_	
	ncity and address of the person(s) who has/l	·	
abriel Ramos SR., Manage	1837 SW 11TH TER MIAMI FL 33135 TERESI	TA S. RAMOS 1837 SW 11TH TER MI	IAMI FL 33135 - M9(
abriel Joseph Ram	os, Manager 1837 SW 11TH TER	₹ MIAMI FL 33135	
NNA FRANCHES	CA RAMOS, Manager 1837 SW 1	I1TH TER MIAMI FL 3310	35
risdiction under the law	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)  (Communication of the control of the certificate is abmitted)  Signature of an author	s in a foreign language, a translatio	ing custody of records in the on of the certificate under oat
nis document is executed	in accordance with section 605.0203 (1) (b	o). Florida Statutes. Lam aware that	t any false information
bmitted 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

Gabriel Ramos SR.

SICRITARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Sceretary 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, **SR 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 June 2, 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 30, 2017.

Barbara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170630-3141
You may verify this electronic certificate
online at http://www.nvsos.gov/