## M17000006608

(Re	questor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE



## COVER LETTER

TO: Registration Section

UBJECT: _	WORLD UNLIMIT		1 * . * . * . * * * * * * * * * * * * *	/**		
		Name of	Limited Liability	Company		
		reign Limited Liability Com ed to register the above refer				
ease return a	ill correspondence	concerning this matter to the	following:			
	SUSANA VE	LOZ				
		N	ame of Person			
	WORLD UNI	IMITED HOMES LLC				
		Į;	irm/Company			
	1661 E 3RD	AVE				
			Address			
	HIALEAH, FL					
		City/S	State and Zip Code	:		
	SUSIE_VELOZ	1224@YAHOO.COM				
		E-mail address; (to be use	d for future annua	l report no	titication)	
or further inf	ormation concernir	ig this matter, please call:				
SUS	ANA VELOZ		_ at (_786	873-6	392	
	Name (	of Contact Person	Area Code	Day	rtime Telephone Number	
Divis Regis P.O.	LING ADDRESS: ion of Corporation tration Section Box 6327 hassee, FL 32314			Division Registrat Clitton B	F ADDRESS: of Corporations ion Section tuilding recutive Center Circle	
	Manuel 117 25 11				see, FL 32301	
	theck for the follow 25,00 Filing Fee	ving amount:  ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 File Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Ce of Status & Certified Cop	

## 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:

Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacti	ng business in Florida. The alternate nam	e must include "Limited
2 NEVADA		2011814	
(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			
1661 E 3RD AVE, HI			
	(Street Address of Principal Off	ice)	# <b>7</b> 18 18
6		<u> </u>	E CS
1661 Ë 3RD AVE, HIA	LEAH EL 33010		FILE  AUG -3  CRETARY OF LAHASSEE.
100.2010/102,1111	(Mailing Address)		SSE 3
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>No</u>	<u>)T</u> acceptable)	
Name:	Registered Agents Inc.		D MM 9: :
Office Address:	3030 N. Rocky Point Dr. STE 150A		28 DA
	Tampa	. Florida <u>33607</u>	
	(City)	(Zip code)	
Registered agent's accep	gistered agent and to accept service of proc	gistered agent and agree to act in this	s capacity. I further agree
designated in this applica to complywith the provisi	ons of all statutes relative to the proper and my position as registered agent.		and I am familiar with an
designated in this applica to complywith the provisi	ons of all statutes relative to the proper and		and I am familiar with an
designated in this applica to complywith the provisi accept the obligations of i	ons of all statutes relative to the proper and my position as registered agent.	signature)	and I am familiar with an
designated in this applica to complywith the provisi accept the obligations of a 8. The name, title or capa	ons of all statutes relative to the proper and my position as registered agent.  (Registered agent's	signature) ive authority to manage is/are:	and I am familiar with an
designated in this applica to complywith the provisi accept the obligations of a	ons 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/ha	signature) ive authority to manage is/are:	and I am familiar with an
designated in this applica to complywith the provisi accept the obligations of a	ons 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/ha	signature) ive authority to manage is/are:	and I am familiar with an
designated in this applica to complywith the provisi accept the obligations of a 8. The name, title or capa	ons 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/ha	signature) ive authority to manage is/are:	and I am familiar with an
designated in this applicate complywith the provision accept the obligations of a superior and the superior and superior a	ons 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/ha NAGER, 1661 E 3RD AVE, HIALEAH, of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	signature)  Eve authority to manage is/are:  FL 33010  authenticated by the official having c	custody of records in the

SUSANA VELOZ

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. **WORLD UNLAMITED 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 6, 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 29, 2017.

Bouliars K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170629-1634
You may verify this electronic certificate
online at http://www.nvsos.gov/