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	istration Section ision of Corporation	5			
SUBJECT:	SELLBUY PROPER	RTY SOLUTIONS, LLC			
			Limited Liability (Company	_
				tion to Transact Business in Florida ted liability company to transact but	
Please return	all correspondence co	oncerning this matter to the	following:		
	Carolina Maq	ueira			
		N:	ame of Person	 	
	SELLBUY PRO	OPERTY SOLUTIONS, L	.LC		
		Fi	rm/Company		
	10305 SW 92	ND ST			
			Address		_
	MIAMI FL 331	76			
		City/S	tate and Zip Code		_
	carol.p.maqueira	@gmail.com			
		E-mail address: (to be used	for future annual	report notification)	
For further in	nformation concerning	this matter, please call:			
Са	rolina Maqueira		at (305	, 213-7008	
	Name of	Contact Person	Area Code	Daytime Telephone Number	71
Div Reg P.O	ision of Corporations istration Section . Box 6327 cahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the followi 125.00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee & S160.00 Filing Fee, of Status & Certified C	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ILMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name inaccitable, enter al	ternate name adopted for the purpose	of transacting)	usinese in Florida. The alternate	name must in	slude "Limited
bility Company," "L.L.C."		_			inde immed
NEVADA		$-3.$ B_{\odot}	2 - 2.40 65 6 3 (FEI number, if applica) 	
Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applica	ble)	
	(Date first transacted busines (See sections 605.0904 & 605.0	is in Florida, if p 1905, F.S. to de	orior to registration.)		
10305 SW 92ND ST MI			, , , , , , , , , , , , , , , , , , , ,		
	(Street Address of P	rincipal Office)			
10305 SW 92ND ST A	MAMI FL 33176	·			
	(Mailing A	(ddress)	 		
Name and street addres	s of Florida registered agent: (P.C) Box NOT	necentable)		
	Registered Agents Inc.	o, 1701. (1911)	oco _j nanc,		
Name:					
Office Address:	3030 N. Rocky Point Dr. STE	150A			
	Татра	<u></u>	Florida 33607		
gistered agent's accep			(Zip code)		
ving been named as re signated in this applica complywith the provision	tance: gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as regist proper and con	for the above stated limited li ered agent and agree to act in nplete performance of my du	ability comp this capacit	y. I further agre
ving been named as re ignated in this applica complywith the provision	tance: gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	nent as regist	for the above stated limited li ered agent and agree to act in nplete performance of my du	ability comp this capacit	y. I further agre
ving been named as re ignated in this applica complywith the provision cept the obligations of i	tance: gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as regist proper and con tred agent's sign	for the above stated limited li ered agent and agree to act in nplete performance of my du ature)	ability comp this capacit	y. I further agre
ving been named as re ignated in this applica complywith the provision tept the obligations of the The name, title or capa	tance: gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. (Registe	ment as regist proper and con red agent's sign who has/have	for the above stated limited livered agent and agree to act in applete performance of my du ature)	ability comp this capacit	y. I further agre
ving been named as reignated in this application of the provision of the obligations of the name, title or capatrolina Maqueira, Marolina Maqueira	tance: gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. (Registered) (Registered)	red agent's sign who has/have	for the above stated limited livered agent and agree to act in applete performance of my du ature) authority to manage is/are:	ability comp this capacit	y. I further agre
ving been named as resignated in this applical complywith the provision of the obligations of the name, title or captarolina Maqueira, Marolina Ma	tance: gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent. (Registered)	red agent's sign who has/have	for the above stated limited livered agent and agree to act in applete performance of my du ature) authority to manage is/are:	ability comp this capacit	y. I further agre
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ving been named as reignated in this applicated in this applicate omplywith the provision of the obligations of the name, title or capatrolina Maqueira, Maguel Maguel Maqueira, Maguel Mag	tance: gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the party position as registered agent. (Registerity and address of the person(s) anager 10305 SW 92ND ST nager 10305 SW 92ND ST of existence, no more than 90 day of which it is organized. (If the ce	ment as regist proper and con- pred agent's sign who has/have MIAMI FL MIAMI FL ys old, duly au rtificate is in a	for the above stated limited livered agent and agree to act in applete performance of my dustance) authority to manage is/are: 33176 33176 chenticated by the official having foreign language, a translation	ability comp this capacit ties, and I an	y. I further agr. m familiar with

Typed or printed name of signee

Carolina Maqueira

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, **SELLBUY 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 July 12, 2017, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20170814-0790
You may verify this electronic 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 August 14, 2017.

Ballians K. Cegerske

Barbara K. Cegavske Secretary of State