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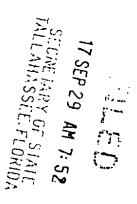
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GPS	HOMES, LLC	Name of I	Limited Liability C	`omnany	
Existence, and chec	k are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra	insact Business in Florida," Certificate of y company to transact business in Florida
Please return all cor	rrespondence c	oncerning this matter to the	following:		
	Shawn K. Iml				
		Na	ime of Person		
(SPS HOMES	, LLC			
_		Fi	rm/Company		
2	23482 FREE	PORT AVE			
_			Address		
F	PORT CHARL	OTTE FL 33954			
_		City/Si	late and Zip Code		
Sil	mhoof1@yaho				
		E-mail address: (to be used	i for future annual	report not	inication)
For further informa	tion concernin	g this matter, please call:			
Shawn K	C. Imhoof		at (479	_) <u>806-8</u>	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number
Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrat Clifton B 2661 Exc	C ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclosed is a check	c for the follow O Filing Fee	ing amount: \$\square\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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 HAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

.iability Company," "L.L.C,	Itemate name adopted for the purpose of transacting	business in Florida. The alternate nar	me must include "Limited
Nevada	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:)
·	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to d	prior to registration.)	_
23482 FREEPORT AVE	PORT CHARLOTTE FL 33954		<u></u>
	(Street Address of Principal Office	·)	
j.			Ę.s
			17 s
	(Mailing Address)		
. Name and street addre	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	29 288 888 888
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE 150A		7:5 5:AI
	Татра	, Florida 33607	D
Registered agent's accep	(City)	(Zip code)	
Invino haan namad as es		a for the above stated instited time	nniy company at me piai
lesignated in this applica o complywith the provisi accept the obligations of	ition, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent. (Registered agent's sign	omplete performance of my dutie	
designated in this applicate of complywith the provision of the obligations of the obligations. 8. The name, title or cap	ition, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have	omplete performance of my dutie gnature) c authority to manage is/are:	
designated in this applicate complywith the provision of the obligations of the obligations of the same, title or cap Shawn K. Imhoof Mgr	ition, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have 23482 FREEPORT AVE PORT CHARL	emplete performance of my dutiengles gnature) e authority to manage is/are: OTTE FL 33954	
designated in this applicate complywith the provision comply with the provision comply the obligations of the comply the obligation of the complete	ition, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have	emplete performance of my dutiengles gnature) e authority to manage is/are: OTTE FL 33954	
8. The name, title or cap Shawn K. Imhoof Mgr Patty L. Imhoof Mgr	Registered agent's signacity and address of the person(s) who has/have 23482 FREEPORT AVE PORT CHARLES 23482 FREEPORT AVE PORT CHARLES of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	gnature) c authority to manage is/are: OTTE FL 33954 RLOTTE FL 33954	g custody of records in the
designated in this applicate of complywith the provision accept the obligations of the obligations of the name, title or cap Shawn K. Imhoof Mgr Patty L. Imhoof Mgr P	Registered agent. (Registered agent's signacity and address of the person(s) who has/have 23482 FREEPORT AVE PORT CHARLES agent active to the proper and company position as registered agent. (Registered agent's signacity and address of the person(s) who has/have 23482 FREEPORT AVE PORT CHARLES are of existence, no more than 90 days old, duly a for which it is organized. (If the certificate is in submitted)	gnature) e authority to manage is/are: OTTE FL 33954 RLOTTE FL 33954 authenticated by the official having a foreign language, a translation of	g custody of records in the
lesignated in this applicate of complywith the provision complywith the provision complywith the provision complywith the provision complywith the obligations of the translator must be seem to comply the translator must be	Registered agent's signacity and address of the person(s) who has/have 23482 FREEPORT AVE PORT CHARLES 23482 FREEPORT AVE PORT CHARLES of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	gnature) e authority to manage is/are: OTTE FL 33954 RLOTTE FL 33954 authenticated by the official having a foreign language, a translation of the person	g custody of records in the

Typed or printed name of signee

Shawn K. Imhoof

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

IN COMPILANCE, WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability Company;	, must include "Limited	Liability Company,""L.L.C.," or	"LLC.")
If name unavailable, enter al Liability Company," "L.L.C."		rpose of transacting bus	iness in Florida. The alternate nam	ne must include "Limited
Nevada	of which foreign limited liability	3	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited fiability	y	(PEI number, ii applicable)	
·	(Date first transacted by	seiness in Florida if pri	or to registration	-
	(See sections 605.0904 &	605.0905, F.S. to deter	mine penalty liability)	
23482 FREEPORT AVE	PORT CHARLOTTE FL 33954			-
100	(Street Address	s of Principal Office)		-
j				-
				_
		ling Address)		
. Name and street addres	ss of Florida registered agent:	. (P.O. Box <u>NOT</u> ac	ceptable)	
Name:	Registered Agents Inc.			
Office Address:	3030 N. Rocky Point Dr.	STE 150A		
	Tampa		, Florida <u>33607</u>	_
Registered agent's accep	(City	<i>i</i>)	, Florida 33607 (Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the app	pointment as register the proper and com	er the above stated limited liabi ed agent and agree to act in th plete performance of my duties	is capacity. I further agree
	(R	egistered agent's signal	ure)	-
8. The name title or cars	acity and address of the perso	on(s) who has/have a	thority to manage is/are	
	23482 FREEPORT AVE			
	23482 FREEPORT AVE	· 		
Tatty E. Willook Wigh				
<u> </u>		-	···	
O. Attached is a certificate urisdiction under the law of the translator must be so	of which it is organized. (If t	0 days old, duly auth he certificate is in a f	enticated by the official having oreign language, a translation o	custody of records in the f the certificate under oath
				_
	Signa	ature of an authorized p	erson	
This document is executed submitted in a document to	I in accordance with section 6 the Department of State con	505.0203 (1) (b), Flor	ida Statutes. I am aware that any felony as provided for in s.817	y false information .155, F.S.

Typed or printed name of signee

Shawn K. Imhoof

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, **GPS 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 August 7, 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 August 31, 2017.

Ballians K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170831-1152
You may verify this electronic certificate
online at http://www.nvsos.gov/