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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns		
SUBJE	ECT: S&G REAL ESTAT	E SOLUTIONS, LLC		
			Limited Liability Compar	ıy
				Transact Business in Florida," Certificate of ility company to transact business in Florida
Please	return all correspondence of	concerning this matter to the	following:	
	Sara Vinas			
	·	N	ame of Person	
	S&G REAL E	STATE SOLUTIONS, LLC	2	
	-	Fi	rn/Company	
	20382 SW 8	7th Ct		
			Address	
	Miami, FL 33	189		
		City/S	tate and Zip Code	· -
	gandgexpress@	aol.com E-mail address: (to be use	d for future annual report	notification)
For fur	ther information concerning			,
	Sam Viana		205 09	27.0404
	Sara Vinas Name o	of Contact Person	_ ** \	37-8194 Davtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisi Regis Clifto 2661	CET ADDRESS: on of Corporations tration Section in Building Executive Center Circle massee, 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 Filing Fee Certified Copy	& □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

in name unavariable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transact	ting business in Florida. The alternate na	ime must inc	·lude "	Limited	
Nevada	3					
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)	-		
1	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.)				
5 20382 SW 87th Ct Mia		w determine penary narmy)	_			
	(Street Address of Principal Of	Fool				
5		. 10		7 001 10		
	(Mailing Address)	 		_	<u></u>	
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT acceptable)			LLI L	
Name:	Registered Agents Inc.		- F2	H.		
Office Address:	3030 N. Rocky Point Dr. STE 150A			: 25		
	Tampa	Florida _33607				
	(City)	(Zip code)	_			
	etance:	. ,				
Having been named as re lesignated in this applica o complywith the provisi	· · · · · · · · · · · · · · · · · · ·	cess for the above stated limited liab egistered agent and agree to act in to d complete performance of my dution	his capacity	y. I ft	urther d	igra
Taving been named as re designated in this applica o complywith the provisi accept the obligations of	otance: registered agent and to accept service of pro- egistered agent and to accept service of pro- etion, I hereby accept the appointment as re- eons of all statutes relative to the proper and emy position as registered agent.	cess for the above stated limited lial registered agent and agree to act in to discomplete performance of my dutic signature)	his capacity	y. I ft	urther d	igra
designated in this applicate complywith the provising accept the obligations of the same. The name, title or capa	otance: egistered agent and to accept service of pro- etion. I hereby accept the appointment as re- etions of all statutes relative to the proper and emy position as registered agent. (Registered agent's	cess for the above stated limited lial registered agent and agree to act in to discomplete performance of my dutic signature)	his capacity	y. I ft	urther d	igra
Having been named as redesignated in this applicate of complywith the provising accept the obligations of the name, title or caps Sara Vinas Mgr 2038	otance: registered agent and to accept service of pro- etion, I hereby accept the appointment as re- etions of all statutes relative to the proper and emy position as registered agent. (Registered agent's acity and address of the person(s) who has/h	cess for the above stated limited liab egistered agent and agree to act in to d complete performance of my dution signature) ave authority to manage is/are:	his capacity	y. I ft	urther d	igra

Typed or printed name of signee

Sara Vinas

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, **S&G REAL ESTATE 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 September 1, 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 September 27, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170927-0796
You may verify this electronic certificate
online at http://www.nvsos.gov/