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September 14, 2017

PETER HUGHES 3990 WARREN WAY RENO, NV 89509 US

SUBJECT: PSALM 1:3 LLC Ref. Number: W17000074019

We have received your document for PSALM 1:3 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00018758

COVER LETTER

TO:	Registration Section Division of Corporation	ıs				
SUBJEC	PSALM 1:3 LLC					
SUBJE	CI	Name of I	imited Liability	Company		
The enc Existence	losed "Application by Force, and check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriz aced foreign lim	ation to Transact Business in Fl ited liability company to transac	orida," Certificate of t business in Florida.	
Please re	eturn all correspondence of	oncerning this matter to the	following:			
	PETER HUGH	ES				
		N	ame of Person		16.7	
SMART BUSINESS INCORPORATION						
Firm/Company						
	3990 WARRE	N WAY				
Address						
RENO, NV 89509						
		City/S	tate and Zip Code	e		
	PETER@SMAR	TBUSINESSINCORPORA				
		E-mail address: (to be used	for future annua	il report notification)		
For furt	her information concernin	g this matter, please call:				
	PETER HUGHES		775 at (772-3617		
	Name o	f Contact Person	Area Code	Daytime Telephone Nur	nber	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	·	
Enclose	d is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy			
	ET 16 PM 18: 24					

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

IN COMPLIANCE WITH SECTION 615,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY, COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. PSALM 1:3 LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") ALL AMERICAN HOME GROUP LLC (II name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 09/05/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 3990 WARREN WAY 3990 WARREN WAY (Street Address of Principal Office) (Mailing Address) RENO, NV 89509 RENO, NV 89509 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INCORP SERVICES, INC. Name: 17888 67TH COURT NORTH Office Address: LOXAHATCHEE ____. Florida _33470 (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Erin hoges Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and A Ŧ, . MANAGER Smart Business Incorporation 3990 Warren Way Reno, NV 89509 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. mature of an authorized person

Megan Hughes, on behalf of Smart Business Incorporation

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Psalm 1:3 LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 14, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000750063**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of September, 2017 at 1:10 PM. This certificate is assigned 024015414.

C (...., ...)

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.