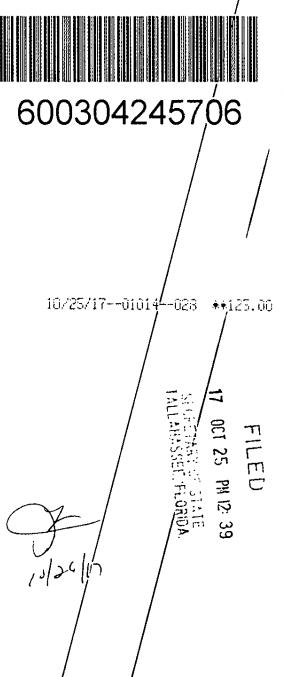
## M17000009138

| (Requestor's Name)                      |                  |
|---|------------------|
| (Address)                               | 6003042457       |
| (Address)                               |                  |
| (City/State/Zip/Phone #)                |                  |
| PICK-UP WAIT MAIL                       |                  |
| (Business Entity Name)                  | 10/25/1701014028 |
| (Document Number)                       |                  |
| Certified Copies Certificates of Status | TALL SECTION     |
| Special Instructions to Filing Officer: | A SSER           |
|   | FLORE            |
|   | 13/24/17         |
|   |                  |

Office Use Only



## COVER LETTER

| TO:         | Registration Section<br>Division of Corporatio   | ns   |                                    |   |
|-------------|--|--|------------------------------------|---|
| SUBJE       | CT: _M.E. HOME BUY   | ERS, LLC   |                                    | /   |
|             |  | Name of  | f Limited Liability                | Company   |
| DAISTON     | o, and check are submitte  | d to register the above refe   | renced foreign lin                 | zation to Transact Business in Florida," Certificate of nited liability company to transact business in Florida                   |
| Please re   | eturn all correspondence   | concerning this matter to the  | e following:                       |   |
|             | Michelle Hue   | rtas   |                                    |   |
|             |  | ì  | Name of Person                     |   |
|             |  | F  | irm/Company                        |   |
|             | 3607 NW 84   | th Terrace   |                                    |   |
|             |  |  | Address                            |   |
|             | Coral Springs,   | FL 330065  |                                    |   |
|             | · · · · · · · · · · · · · · · · · · ·  | City/S   | State and Zip Code                 |   |
|             | michellehuertas(   |  |                                    | /   |
| For further | er information concerning  | E-mail address: (to be use this matter, please call:   | d for future annua                 | l report notification)  |
|             | Michelle Huertas   |  | _at (954                           | 478-2801  |
|             | Name of  | Contact Person   | Area Code                          | Daytime Telephone Number  |
| ]<br>]<br>- | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314 |  |                                    | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
|             | is a check for the followi<br>\$ \$125.00 Filing Fee   | ng amount:  \$\sumsymbol{\text{\$\text{\$\text{\$\text{130.00 Filing Fee & }}}}\$  Certificate of Status | □ \$155.00 Filin<br>Certified Copy |   |

| APPLICATION BY F   | OREIGN LIMITED LIABILITY CO<br>IN F   | MPANY FOR AUTHORIZATION TO 1  | TANSACT BUSINESS   |
|--|---|---|--|
| IN COMPLIANCE WITH SE<br>COMPANY TO TRANSACT B           | CTION 605.0902, FLORIDA STATUTES, THE .<br>PUSINESS INTHE STATE OF FLORIDA: | FOLLOWING IS SUBMITTED TO REGISTER A F  | OREIGN LIMITED LIABILIT  |
| I. M.E. HOME BUYERS                                      |   |   |  |
|  |   | ide "Limited Liability Company," "L.L.C.," or "   | LLC.")   |
|  |   |   |  |
| (If name unavailable, enter a Liability Company," "L.L.C | alternate name adopted for the purpose of tra                               | nsacting business in Florida. The alternate name  | must include "Limited  |
| 2 Nevada   | •   | 82-3106837  | 1  |
| (Jurisdiction under the law<br>company is organized)     | of which foreign limited liability  | (FEI number, if applicable)   | <del></del>  |
| 4.   |   |   |  |
| ··   | (Date first transacted business in F  | lorida, if prior to registration.)  |  |
| 5, 3607 NW 84th Terrace                                  | (See sections 605.0904 & 605.0905, 1  | F.S. to determine penalty liability)  |  |
|  |   |   | 1 1  |
| Coral Springs, FL 3:                                     | <del></del>   |   | l i  |
| 6. 3607 NW 84th Terrace                                  | (Street Address of Princips   | al Office)  |  |
| 6. <u></u>   |   |   |  |
| Coral Springs, FL 330                                    |   |   | - 1-   |
|  | (Mailing Address  | ,   | A REAL TO THE REAL |
| 7. Name and street address                               | ss of Florida registered agent: (P.O. Bo)                                   | NOT acceptable)   | 到岛西  |
| Name:  | Registered Agents Inc.  |   | 1588<br>25   |
| Office Address:  | 3030 N. Rocky Point Dr. STE 150/  | A   | 125 PM   |
|  | Tampa   | , Florida 33607   | 100 / 100 /  |
| Registered agent's accep                                 | (City)  | (Zip code)  | 39   |
| Having been named as re                                  | Ristered agent and to accept service of                                     | process for the above stated limited liability  |  |
|  |   |   |  |
|  | my position as registered agent.  | and complete performance of my duties, a  | nd I am familiar with an   |
|  | Rue H.  |   |  |
|  | (Registered age   | nt's signature)   |  |
| 8. The name, title or capa                               | city and address of the person(s) who ha                                    | s/have authority to manage is/a   | [ i  |
| Michelle Huertas, Man                                    | ager 3607 NW 84th Terra   |   | !  |
| Erick J. Ramirez, Manag                                  |   |   | <del></del>  |
|  | out the out remade  | Coral Springs, FL 33065   |  |
|  |   |   |  |
| 9. Attached is a certificate                             | of existence, no more than 90 days old, o                                   | duly authenticated by the official having cus   | tody of monda in the   |
| of the translator must be su                             | of which it is organized. (If the certificate                               | outy authenticated by the official having eus<br>e is in a foreign language, a translation of the | e certificate under oath   |
|  | M. 11 +   | 4 == )  | I.   |
|  | Signature of an ay  | Mil Ferre   | 1  |
| This document is executed                                | in accordance with section cos soon of                                      |   |  |
| submitted in a document to                               | the Department of State constitutes a thing                                 | (b), Florida Statutes. I am aware that any fal<br>rd degree felony as provided for in s.\$17.15   | se information   |
|  | Michelle Huertas  | 5, <b>so</b> provided for itt <b>5.61</b> / ,153  | ), r.3. j  |

Typed or printed name of signee

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, M.E. HOME BUYERS, 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 28, 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 October 16, 2017.

Balkara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171016-0925
You may verify this electronic certificate
online at http://www.nvsos.gov/