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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2017

PAULA YOCULAN 1075 E. GAUCHO CIR. DELTONA, FL 32725 US

SUBJECT: DNP PROPERTY SOLUTIONS, LLC

Ref. Number: W17000085512

We have received your document for DNP PROPERTY SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 617A00021595

COVER LETTER

				,
SUBJECT: _	DNP PROPE	RTY SOLUTIONS, LLC.		
		Name of Limited Liability Company		
The enclosed ' Existence, and	Application by F check are submit	oreign Limited Liability Conted to register the above refe	npany for Authorization renced foreign limited li	to Transact Business in Florida!" Certific ability company to transact business in F
lease return a	ll correspondence	concerning this matter to th	e following:	
	PAULA YOC	ULAN		
		1	Name of Person	
	DNP PROPE	RTY SOLUTIONS, LLC.		
		F	firm/Company	
	1075 E. GAU	CHO CIR.		
			Address	
	DELTONA, F	L 32725		
		City/5	State and Zip Code	
	INFO@DNPPR	OPERTYSOLUTIONS,CO	М	,
	 	E-mail address: (to be use	d for future annual repor	rt notification)
or further info	rmation concerni	ng this matter, please call:		1
PAUL	A YOCULAN		386 5	75-4181
	Name	of Contact Person	 	Daytime Telephone Number
Divisio Registi P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 ussee, FL 32314		Divis Regi: Clifto 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
	eck for the follow 5.00 Filing Fee	ing amount:	■ \$155.00 Filing P	8
□ \$12.	oo rang ree	Certificate of Status	■ \$155.00 Filing Fee Certified Copy	& S160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTIBUSINESS IN FLORIDA IN COMPLIANCE IVITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOTING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DNP PROPERTY SOLUTIONS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "U.L.C.," or "I.L.C.") (If name unavoilable, enter akernate mame adopted for the purpose of transacting business in Florida. The alternate came times include "Limited Liability Company," "LLC," or LLC.") 82-2878898 NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if paint to rejustration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 6. 1075 E. GAUCHO CTR. 5. 1075 E. GAUCHO CIR. (Street Address of Principal Office) (Alading Address) DELTONA, FL 32725 DELTONA, FL 32725 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS, INC. Name: 3030 N. ROCKY POINT DR., STE 150A Office Address: TAMPA , Florida _ 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. (Registered agent's signatura) 8. The name, title or capacity and address of the person(s) who has/have authority to mauage is/are: Name and Address: Title or Capacity: Name and Address Title or Capacity: SOLE MEMBER PAULA YOCULAN 1075 E. GAUCHO CIR DELTONA, FL 32725 (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 bath 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 \$.817.155, F.S.

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, **DNP 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 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 October 30, 2017.

Ballora K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171030-3152
You may verify this electronic certificate
online at http://www.nvsos.gov/