M1000009664

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100305427491

11/13/17--01023--006 **125.00

NOV 1 4 2017

COVER LETTER

	Registration Section Division of Corporation	s						
SUBJEC	T: STILL AT HOME P						_	
		Name of I	imited Liability C	Company				
		eign Limited Liability Comp I to register the above refere						
Please re	nurn all correspondence c	oncerning this matter to the	following:					
	Angela	Stille!						
		Na Na	ime of Person				-	
	STILL AT H	OME PROPERTIES,	LLC				_	
		Fi	пп/Сопралу					
	107 Grand I	Heron Dr					_	
			Address					
	Panama City E	Beach, FL 32407					_	
		City/St	ate and Zip Code					
	stilley92@hotm	ail.com						
		E-mail address: (to be used	for future annual	report not	ification)		-	
For furth	ner information concerning	g this matter, please call:					[3]	
	•	, ,,				Γ.		
	Annala Stille	,	at (618	₃ 841-2	510	-	1.2	, , , , , , , , , , , , , , , , , , ,
	Name o	Contact Person	Area Code	Day	time Telephone	Number	ب -	
	MAILING ADDRESS:			CTDEET	ADDRESS:		1	ا ا
	Division of Corporations				of Corporations			ا مید
	Registration Section			Registrati	on Section	-,	`	
	P.O. Box 6327			Clifton B	uilding cutive Center C	7 <u>7</u>	لان څخ	
	Tallahassee, FL 32314				cutive Center C ee, FL 32301	ircie		
					,			
	is a check for the follow		El étes on Elli-	- C A	□ #1<0.00 F:	t' F <i>(</i>	3	
	☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig ree &	☐ \$160.00 Fi of Status & C			
			,				- F:J	

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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability" Company," "L.L.C." or "L.C.") 2. NEVADA Directification under the law of which foreign limited liability Company is organized	1. STILL AT HOME PRO (Name of Fore	OPERTIES, LLC Ign Limited Liability Company; must	t include "Limited Liab	ility Company," "L.L.C.," or	"LLC.")		
Unistiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 65:5994 & 695:0905, F.S. to determine penalty liability) 5. 107 Grand Heron Dr. Panama City Beach, FL 32407 (Street Address of Principal Office) 6. 107 Grand Heron Dr. Panama City Beach, FL 32407 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) (City) (City) (Cip code) 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 his application. I hereby accept the appointment as registered agent and agree to act in this capacity. [Jurther agree to complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City			of transacting business	s in Florida. The alternate nam	e must in	clude "Limit	ed
Unistiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 65:5994 & 695:0905, F.S. to determine penalty liability) 5. 107 Grand Heron Dr. Panama City Beach, FL 32407 (Street Address of Principal Office) 6. 107 Grand Heron Dr. Panama City Beach, FL 32407 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) (City) (City) (Cip code) 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 his application. I hereby accept the appointment as registered agent and agree to act in this capacity. [Jurther agree to complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City	2 NEVADA		3 82-3300958				
(Date first transacted business in Florida, if prior to registration.) (Stees escuins of 65,0904 & 605,0904 & 505,0905, F.S. to determine penalty liability) 5. 107 Grand Heron Dr, Panama City Beach, FL 32407 (Street Address of Principal Office) 6. 107 Grand Heron Dr, Panama City Beach, FL 32407 (Mailting Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) (Cip code) 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 Jurther agree to complywith 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 a segistered agent as signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 9. Attached is a certificate of existence, no more than 90 days old, duty 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) 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. Angela D. Stilley.	(Jurisdiction under the law	of which foreign limited liability	J	(FEI number, if applicable)			
(Street Address of Principal Office) 6. 107 Grand Heron Dr, Panama City Beach, FL 32407 (Maiting Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa , Florida 33607 (Cip code) 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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official baving 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) 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. Angela D. Stilley	4	(Date first transacted busines	s in Florida, if prior to	registration.)	-		
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) Registered agent's acceptance: Having been named at registered agent and to accept service of process for the above stated limited liability company at the placedesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 7. 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 trunslation of the certificate under oath of the translator must be submitted) 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.	5. 107 Grand Heron Dr.	•		penalty liability)	-		
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) Registered agent's acceptance: Having been named at registered agent and to accept service of process for the above stated limited liability company at the placedesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 7. 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 trunslation of the certificate under oath of the translator must be submitted) 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.		(S A.I.I			_		
Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa , Florida 33607 (City) (Zip code) 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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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.	6. 107 Grand Heron Dr,	•			-		
Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa , Florida 33607 (City) (Zip code) 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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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.	<u> </u>	A.85.2.1	21		_		
Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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.		(Mailing A	(daress)				
Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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.	7. Name and street address	s of Florida registered agent: (P.0	O. Box NOT accepts	able)			
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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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. Angela D. High	Name:	Registered Agents Inc.		-			
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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person 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.	Office Address:	3030 N. Rocky Point Dr.	STE 150A	-			
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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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.					_ ••	+ 7 ()	
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 complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person 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.	Degistered agent?s accen			(Zip code)	.•	, i	·.
to complywith 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 signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signature of an authorized person 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. Angela D. Stilley			ice of process for the	e above stated limited liabi	lity com	pany at the	place-
Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person 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.	to complywith the provision	ons of all statutes relative to the p					
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person This document is executed in accordance with section 605.0203 (I) (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.	accept the obligations of i	ny position as registered agent.	\1 1			-,	. • •
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person This document is executed in accordance with section 605.0203 (I) (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.		Sel	Mane		_	<u>.</u>	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) 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. Angela D. Shilley		(Registe	ered agent's signature)		-		
Mark D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signature of an authorized person This document is executed in accordance with section 605.0203 (I) (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.	8 The name title or cans	icity and address of the nerson(s)	who has/have author	ity to manage is/are:			
Angela D. Stilley, Manager, 107 Grand Heron Dr, Panama City Beach, FL 32407 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) Signiture of an authorized person 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.	•	•		-			
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) Signiture of an authorized person 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.	Mark D. Sulley, Mar	lager, 107 Grand Heron L	or, Panama City	beauti, FL 32407		_	
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) Signiture of an authorized person 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.	Angela D. Stilley, M	anager, 107 Grand Heror	n Dr, Panama C	ity Beach, FL 32407		_	
Angela D. Stilley	jurisdiction under the law of the translator must be so This document is executed	of which it is organized. (If the ceabmitted) Mula Signature in accordance with section 605.0	ertificate is in a foreign of an authorized person 203 (1) (b), Florida S	n language, a translation o	f the cert	tificate unde	ı the roath
	ordinate in a document to	Angela	D. Stilley		-	-	

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, **STILL AT HOME PROPERTIES**, **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 October 19, 2017, and is in good standing in this state.

T A D

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 3, 2017.

Bullons K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171103-1218
You may verify this electronic certificate
online at http://www.nvsos.gov/