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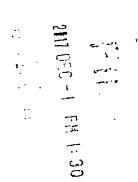
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

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LECOL 2017 LHARRIS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: U	HOMENOW, LLC	Nama of	Limited Liability (Company		
		Name of	Emined Establishy	Company		
The enclosed "A Existence, and o	Application by Fo check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	tion to Tra ted liabilit	ansact Business in Florida," C y company to transact busines	ertificate of is in Florida.
Please return all	l correspondence	concerning this matter to the	following:			
	Hernan Dua		····			
		N	ame of Person			
	UHOMENOV					
		F	irm/Company			
	4825 SW 15	2ND CT UNIT F		4		
			Address			
	MIAMI FL 331					
		City/S	State and Zip Code			
	hduarteromero(@yahoo.com				
		E-mail address; (to be use	d for future annual	report no	tification)	
For further info	rmation concerning	g this matter, please call:				
Herna	an Duarte Rome	ero	at (305	, 250-8	125	
	Name	of Contact Person	Area Code	Day	vtime Telephone Number	
MAIL.	ING ADDRESS	<u>.</u>		STREE	ΓADDRESS:	
Division of Corporations				of Corporations		
_	ration Section				tion Section	
	ox 6327			Clifton E		
Tallah	assee, FL 32314				ecutive Center Circle see, FL 32301	
Enclosed is a ch	neck for the follov	ving amount:				
☑ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy	

^{**}I just dissolved my Florida LLC by the same name. Please allow for this Nevada LLC to registered**



November 7, 2017

HERNAN DUARTE ROMERO 4825 SW 152ND CT UNIT F MIAMI, FL 33185

SUBJECT: UHOMENOW, LLC Ref. Number: W17000087174

We have received your document for UHOMENOW, 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):

Signed consent letter must indicate that you have no intention of revoking the dissolution and must indicate the name of the business you dissolved and the name of the Nevada LLC.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00022576

OUTOECH MANSER

201 DEC - 1 PK 1: 30



October 31, 2017

HERNAN DUARTE ROMERO 4825 SW 152ND CT UNIT F MIAMI, FL 33185

SUBJECT: UHOMENOW, LLC Ref. Number: W17000087174

We have received your document for UHOMENOW, 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):

Signed consent letter stating that you voluntary dissolved your business and have no intention of revoking the dissolution is not included.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00022020

November 27, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations Attention: JENNA D HARRIS Regulatory Specialist II

SUBJECT: UHOMENOW, LLC Ref. Number W17000087174

I, Hernan Duarte Romero, residing at 4825 SW 152 CT, UNIT F, Miami, FL 33185, had recently dissolved the Florida LLC assigned with document number L17000193962 with the initial name of NOWHOMES LLC and later changed to the name of UHOMENOW LLC, and that by signing this consent letter I declare that I have no intention of revoking the dissolution of this Florida LLC.

Additionally, I respectfully request that Nevada LLC, whose name is UHOMENOW LLC, to be successfully registered, within the reference number process.

Thank you for your consideration in advance.

Regards,

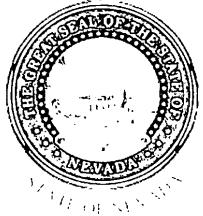
Manager UHOMENOW, LLC

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. UHOMENOW, LLC (Name of Fore	eign Limited Liability Company; must include	te "Limited Liabil	ity Company," "L.L.C.," or "	LLC.")		
(If name unavailable, enter al	Iternate name adopted for the purpose of tran	isacting business	in Florida. The alternate name	must inclu	de "Lim	ited
Liability Company," "L.L.C,"		•				
2. NEVADA	3.		(FEI number, if applicable)			
company is organized)	of which foreign limited liability		(riti number, it applicable)			
4.						
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)						
5. 4825 SW 152ND CT UN	IT F MIAMI FL 33185					
	(Street Address of Principa	l Office)	·	Ŧ: .	21	
6. 4825 SW 152ND CT UNIT F MIAMI FL 33185					\equiv	مرز وحت
				• •	030	ا ق مستن
	(Mailing Address)			1	, . .
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptab	sle)		يئ.	
	_	i ivor acceptat	ne,	:	P.	
Name:	Hernan Duarte Romero				T: 3	
Office Address:	4825 SW 152ND CT UNIT F	_ .			30	
	MIAMI		, Florida <u>33185</u>			
Registered agent's accep	(City)		(Zip code)			
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept service of tion. I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent. Registral agents	s registered age and complete p	ent and agree to act in this	capacity.	I furth	er agree
8. The name, title or capa	icity and address of the person(s) who ha	as/have authority	y to manage is/are:			
	o, Manager 4825 SW 152ND CT	J '	_			
			· · · · · · · · · · · · · · · · · · ·			
						
 Attached is a certificate jurisdiction under the law of the translator must be so 		te is /n,a foteign	led by the difficial having collanguage, a translation of t	ustody of ro the certifica	ecords i ate unde	m the er oath
This document is executed	Signature of an at I in accordance with section 605.0203 (1)) (b), Florida Sta	tutes. I am aware that any:	false inforr	nation	
submitted in a document to	the Department of State Constitutes a	ird degree felon	as provided for in s.817.1	.55, F.S.		
	Hernan Duarte Romero		·			
	Typed or printed n	ame 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. **UHOMENOW**, **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 29, 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 24, 2017. Ballora K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171024-1369
You may verify this electronic certificate
online at http://www.nvsos.gov/