

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_\_\_\_\_

## Foreign Limited Liability Company MY STRONG HOME FINANCIAL LLC

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S. WARREN DEC 0 8 2017

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alt ability Company," "L.L.C,"		e must inclu	le "Lim	ited
Delaware	of which foreign limited hability (FEI number, if applicable)			
Jurisdiction under the law of company is organized)	of which foreign limited hability (FEI number, if applicable)			
N/A	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
19 Fishers Mill Drive.	, Columbia, SC 29206			
			17	
	(Street Address of Principal Office)	-	030	
204 Broadway 5th Fl	oor, New York, NY 10013		J.	T:
394 bloadway, 50111	OUT NEW TORK, IVT TOOTS	· 021	7	TT.
		- 1,11.	:: :: ::	m 0
	(Mailing Address)		ਨੁ	
. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acceptable)	22	ယ	
Name:	Registered Agents Inc.	¥**		
Office Address:	3030 N. Rocky Point Dr. STE 150A			
	Tampa Florida 33607	_		
	(City) (Zip code)			
lesignated in this applica o complywith the provisi	registered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ions of all statutes relative to the proper and complete performance of my duties my position as registered agent.  (Registered agent's signature)	іѕ сарасну.	L juri	ner ug
8 The name title or cap	acity and address of the person(s) who has/have authority to manage is/are:			
	BC, Member, 394 Broadway, 5th Floor, New York! NY 1001	3		
viy Strong Home I	20,	<del></del>		
		<del>_</del>		
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	e of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation c submitted)  Signature of an authorized person	custody of of the certifi	record cate ur	s in the
	Signature of an authorized person			
This document is execute	ed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that ar to the Department of State constitutes a third degree felony as provided for in 5.81	y false info	mano	11

Typed or printed name of signee

Riley Park

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MY STRONG HOME FINANCIAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MY STRONG HOME FINANCIAL LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203695124

Date: 12-06-17

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