

M18000000101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

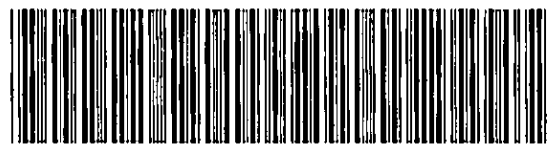
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
RAsign W17-91338
cert

2017 NOV 13 AM 11:42

Office Use Only



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11/14/17--01036--007 **160.00

FILED
18 JAN -3 PM 3:46
TALLAHASSEE, FLORIDA

S. WARREN
JAN 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2017

APRIL BURKETT
5027 W LAUREL ST
TAMPA, FL 33607

SUBJECT: HOUSE MANAGEMENT FL LLC
Ref. Number: W17000091338

We have received your document for HOUSE MANAGEMENT FL LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

**NEED DELAWARE SHORT FORM GOOD STANDING CERTIFICATE,
CERTIFIED COPY OF CERTIFICATE OF FORMATION DOES NOT MEET
STATUTORY REQUIREMENTS**

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00024474



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

APRIL BURKETT
5027 W LAUREL ST
TAMPA, FL 33607

SUBJECT: HOUSE MANAGEMENT FL LLC
Ref. Number: W17000091338

We have received your document for HOUSE MANAGEMENT FL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00023200

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE MANAGEMENT LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

April Burkett
Name of Person
NA
Firm/Company
5027 W. LAUREL ST
Address
TAMPA, FL 33607
City/State and Zip Code
APRILB@RACMTG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Burkett at (813) 935 1826
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. HOUSE MANAGEMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

HOUSE MANAGEMENT FL LCC
(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 "LLC.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

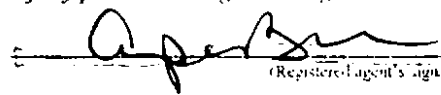
4. _____
(Date first transacted business in Florida, if prior to registration) (See sections 605.0901 & 605.0903, F.S. to determine parity liability.)

5. 17933 Spencer Road 6. 17933 Spencer Road
(Street Address of Principal Office) (Mailing Address)
Odessa FL 33556 Odessa, FL 33556

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: April Burkett
 Office Address: 5027 W. LAUREL ST
TAMPA Florida 33607
(City) (Zip code)

FILED
 18 JAN -3 PM 3:47
 DEPARTMENT OF STATE
 PALM BEACH, 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 signature)

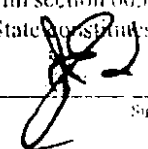
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>Joe Telese</u> <u>17933 Spencer Rd</u> <u>Odessa, FL 33556</u>	_____	_____
_____	_____	_____	_____

(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 oath 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 s.817.155, F.S.


Signature of an authorized person.
Joe Telese
Typed or printed name of signer

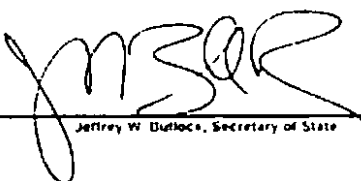
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOUSE MANAGEMENT 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 FIFTEENTH DAY OF DECEMBER, A.D. 2017.




Jeffrey W. Bullock, Secretary of State

6584675 8300

SR# 20177602146

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203773018

Date: 12-15-17