## 1180000000925

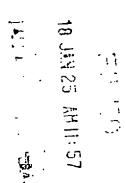
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
•	<del>-</del>	
Special Instructions to	Filing Officer:	
<del></del>		= =

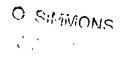
Office Use Only



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## COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	ECT: EXPEDITE REALTY	SOLUTIONS, LLC				
			Limited Liability	Company		
					ansact Business in Florida," Cert y company to transact business i	
Please	return all correspondence cor	ncerning this matter to the	following:			
	Mariline Lagac	<del></del>		<u>-</u>		
		N	ame of Person			
	EXPEDITE REA	ALTY SOLUTIONS, LL	C			
		F	irm/Company			
	6 Pacific Dr					
			Address			
	Palm Coast, FL	32164				
		City/S	State and Zip Code			
	mlikemonro@com	cast.net				
	<del></del>	E-mail address: (to be use	d for future annua	l report no	tification)	
For fur	rther information concerning	this matter, please call:				
	Mariline Lagace		at ( 603	, 479-3	135	
		Contact Person	Area Code	_/	time Telephone Number	
	(Division of Corporations) (Registration Section) (P.O. Box 6327) (Tallahassee, FL 32314)			(Division (Registrat (Clifton E (2661 Exc	of Corporations ion Section suilding ecutive Center Circle sec, FL 32301	
nclos	sed is a check for the followin  ☐ \$125.00 Filing Fee	g amount:)  \$\frac{1}{2}\$\$130.00 Filing Fee &	□ \$155.00 Fili	ng Fee &	\$160.00 Filing Fee, Certifi	cate
		Certificate of Status	Certified Copy		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:

	ign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," (	or "LLC.")
If name unavailable, enter al Liability Company," "L.L.C."		insacting business in Florida. The alternate na	ame must include "Limited
2. Nevada	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable)	e)
4	(Date first transacted business in F		
	(See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)	
5. 6 Pacific Dr			_
Palm Coast, FL 3216			
	(Street Address of Princip		
5	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	(Mailing Addres	is)	18.25 MIN 57
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. STE 150	)A	بات ت <u>ل</u>
	Tampa	, Florida 33607	72.
Registered agent's accep	(City)	(Zip code)	<del>_</del>
the second second	gistered agent and to accept service of	f process for the above stated limited lia	hility company at the place
'esignated in this applicate of complywith the provision	tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent.	as registered agent and agree to act in t r and complete performance of my duti	his capacity. I further agree es, and I am familiar with a
'esignated in this applicate of complywith the provision	ons of all statutes relative to the prope my position as registered agent.	as registered agent and agree to act in to a rand complete performance of my duti-	his capacity. I further agree es, and I am familiar with an 
lesignated in this applicate of complywith the provision ccept the obligations of the obl	ons of all statutes relative to the prope my position as registered agent.	er and complete performance of my duti-	his capacity. I further agree es, and I am familiar with an —
tesignated in this applicate of complywith the provision coupt the obligations of reacher.  The name, title or capa	ons of all statutes relative to the prope my position as registered agent.    Box	gent's signature) has/have authority to manage is/are:	his capacity. I further agree es, and I am familiar with an 
tesignated in this applicate complywith the provision complywith the provision countries of the obligations of the control of	ons of all statutes relative to the property position as registered agent.  (Registered agent acity and address of the person(s) who hager: 6 Pacific Dr. Palm Coast, Florida (Pacific Dr. Pacific Dr. Pacif	gent's signature) has/have authority to manage is/are:	his capacity. I further agree es, and I am familiar with an 
tesignated in this applicate complywith the provision complywith the provision countries of the obligations of the control of	ons of all statutes relative to the property position as registered agent.  (Registered agent)  (Registered agent)	gent's signature) has/have authority to manage is/are:	his capacity. I further agreees, and I am familiar with an
tesignated in this applicate complywith the provision complywith the provision country the obligations of research	ens of all statutes relative to the property position as registered agent.  (Registered agent agent)  (Registered agent)  (Reg	gent's signature) has/have authority to manage is/are:	es, and I am familiar with a

Typed or printed name of signee

Mariline Lagace

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, **EXPEDITE REALTY 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 December 29, 2017, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 19, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180119-0272
You may verify this electronic certificate
online at http://www.nvsos.gov/