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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section Division of Corporations

k are submitte	reign Limited Liability Cond to register the above refectors once the result of the re			ansact Business in Florida." Certificate	
respondence o	concerning this matter to th			y company to transact business in Pior	
	=	e following:			
ack Thoma	as				
	1	Name of Person			
REAT PR	OPERTY SOLUTION	NS, LLC			
		Firm/Company			
703 SW 78	3th St.				
		Address			
ainsville, FL	32608				
	City/	State and Zip Code			
greatpropert					
	E-mail address: (to be use	ed for future annual	report not	tification)	
ion concernin	g this matter, please call:				
omas		at (352	չ 317-€	3270	
Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
`Corporations			Division	of Corporations	
327			Clifton B	Building	
	703 SW 78 dainsville, FL tgreatpropert ion concerning	GREAT PROPERTY SOLUTION 703 SW 78th St. Gainsville, FL 32608 City/ tgreatproperty@gmail.com E-mail address: (to be used ion concerning this matter, please call: Omas Name of Contact Person GADDRESS: Corporations In Section 327	Address City/State and Zip Code tgreatproperty@gmail.com E-mail address: (to be used for future annual ion concerning this matter, please call: Omas Name of Contact Person Area Code CADDRESS: Corporations in Section 327	Firm/Company 703 SW 78th St. Address Fainsville, FL 32608 City/State and Zip Code Agreatproperty@gmail.com E-mail address: (to be used for future annual report not ion concerning this matter, please call: Omas Name of Contact Person Area Code Day SADDRESS: Corporations n Section Registrat 327 Clifton B	Firm/Company 703 SW 78th St. Address Gainsville, FL 32608 City/State and Zip Code Agreatproperty@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: Omas Name of Contact Person Area Code STREET ADDRESS: Corporations In Section Registration Section 327 Clifton Building

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

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

1. GREAT PROPERTY	SOLUTIONS, LLC	npany: must include "Lim	ited Liability Company." "L.L.C.," c	or "H.C.")
., .			and sample of the sample of th	
(If name unavailable, enter a Liability Company," "L.L.C.		the purpose of transacting	business in Florida. The alternate na	ame must include "Limited
2.NEVADA		3.		
(Jurisdiction under the law company is organized)	of which foreign limited l	liability	(FEI number, if applicabl	e)
4				-
	(See sections 605.0)	cted business in Florida, it 904 & 605,0905, F.S. to d	prior to registration.) etermine penalty liability)	
_{5.} 6703 SW 78th St., G	ainsville, FL 32608			
				_
	(Street A	Address of Principal Office		-1 × 6
6, 6703 SW 78th St., G		idates with interpolation	,	
6. 0100 011 7011 011 011	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	· · · · · · · · · · · · · · · · · · ·	<u></u>	一题第三
				85 26 元
	· -	(Mailing Address)		A 26 N
7. Name and street address	ss of Florida registered a	agent: (P.O. Box <u>NOT</u>	_acceptable)	
Name:	Registered Agents I	Inc.		ED # 11: 22 26 # 11: 22
Office Address:	3030 N. Rocky F	Point Dr. STE 150/	4	7 7
5 til 4 1 1 2 1 5 5 ti	Tampa		22607	
	Тапра	(City)	Florida 33607 (Zip code)	_
Registered agent's accep	tance:	(City)	(2.1) code)	
designated in this applica	tion, I hereby accept th ons of all statutes relati	ie appointment as regis. ive to the proper and co	for the above stated limited lial tered agent and agree to act in t implete performance of my dutic	his capacity. I further agree
		(Registered agent's sig	nature)	
8. The name, title or capa	icity and address of the	person(s) who has/have	authority to manage is/are:	
Jack Thomas, Mana	ager 6703 SW 78	th St., Gainsville.	FL 32608	
Rhonda Thomas, M	-	· · · · · · · · · · · · · · · · · · ·		
Trionda Thomas, W	anager, 6703 SVV	7 Total St., Gainsvii	ie, FL 32000	
 Attached is a certificate jurisdiction under the law of the translator must be st 	of which it is organized.	han 90 days old, duly at . (If the certificate is in a	thenticated by the official having a foreign language, a translation of	g custody of records in the of the certificate under oath
		Signature of an authorized	l person	
This document is executed submitted in a document to	in accordance with sect the Department of State	tion 605.0203 (1) (b), F e constitutes a third deg	orida Statutes. I am aware that arree felony as provided for in s.81	ty false information 7.155, F.S.
	Jack Thomas			

Typed or printed name 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, **GREAT PROPERTY 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 October 19, 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 March 15, 2018.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180315-1549