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J LEGGETT APR 18 2018

COVER LETTER

	tion Section of Corporation	s		
SUBJECT:	Home	Buyers Direc Name of I	TLLC imited Liability Compar	ny
				Transact Business in Florida," Certificate of ility company to transact business in Florida.
Please return all c	orrespondence c	oncerning this matter to the	following:	
		Kirke	ley mc of Person	
	<u> </u>	Homp Buge	Direct L	
		6139 Mis	Address J	<i></i>
		Broad	Run VA	20137
		City/St	ate and Zip Code	
_		Kirkele E-mail address: (to be used	Joanai, Co	ON notification)
For further inform	ation concerning	g this matter, please call:		
	Name o	rk Eley f Contact Person	at (57/ Area Code)	22 877) Daytime Telephone Number
Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314		Divisi Regis Clifto 2661	cer Address: on of Corporations tration Section n Building Executive Center Circle nassee, FL 32301
Enclosed is a chec	k for the follow 90 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee of Certified Copy	& ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	TION 605.0902, FLORIDA STATU SINESS IN THE STATE OF FLOR		SUBMITTED TO REGIS	TER A FOREIGN LIMITEL	LIABILTIY
	ne Buyers Dire				
(Name of Foreign I	imited Liability Company; must in	clude Limited Liability Com	pany," "L.L.C.," or "LLC.")	-
	une adopted for the purpose of transacting		name must include "Limited Li	ability Company," "L.L.C," or "f.I	.c.")
2. Nort	h Carolina ich foreign limited liability company is on	3	(FEI nur	nber, if applicable)	-
a No.	+ Co colin 2	rs not sta	rted		
7.	(Date first transacted business in Fle (See sections 605.0404 & 605.0405				
5. 317 Va (Street Address of Pr	nagher (+	6	Sane (Mailing Ad	dress)	_
Holly Sprin	gs NC 2754	40			_
				20/8	_
7. Name and street address	s of Florida registered agent:	(P.O. Box NOT accep	table)	APR GREET (AHV	! .
Name:	SARAH WHI	SNANT	_	SSV VVICI	
Office Address:	3102 8th 5t.	_	_	T.S. 3	
	Palmette		Florida 342	21 SiA. 2: L	<u>_</u>
Registered agent's accept	(C	(ity)	(Zip ec	4) <u>5</u>	
Having been named as reg	gistered agent and to accept tion, I hereby accept the app				
to comply with the provision	ons of all statutes relative to	the proper and complet			
and accept the obligations	of my position as registered	agent.	1		
	(Rei	gistered agent's signature)	_		
-	city and address of the person				
Title or Capacity:	Name and Addres	_ ^	r Capacity: mbermana	Name and Address	<u>:</u>
RICEIL	6139 Misty	10/ 20137	MOETHUR		
	' Brood Kur	1017 2013/	`	, _ <u></u>	
	· 				
(Use attachments if necess	ary)				
	of existence, no more than 90 of which it is organized. (If the				
of the translator must be su		ic certificate is in a forei	gn ianguage, a transia	mon of the certificate un	dei bain
	ited in accordance with section				tion
submitted in a document to	the Department of State cons	stitutes a third degree fel	ony as provided for ir	s.817.155, F.S.	
		Signature of an authorized p	cison		
		Kirk Flor	1/		
		Kirk Elec	klace		



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HOME BUYERS DIRECT, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of April, 2005, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

of Raleigh, this 15th day of February, 2018.

Claime 4. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 101748012-1 Reference# 14231445-SL Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification