M180000507.3

(Req	uestor's Name)				
(Add	ress)	 ,			
(Addi	ress)				
(City)	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	iness Entity Nan	ne)			
(Doc	(Document Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				
		· . <u>-</u>			

Office Use Only



400313732084

SECRETARY OF STATE.

05/25/18--01015--014 **125.00

56918

COVER LETTER

TO: · Registration Section **Division of Corporations**

A&H HOME INVESTMENTS, 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:	
Patrick Hicks		
N	ame of Person	
A&H HOME INVES	TMENTS, L	_LC
F	rm/Company	
4725 Atwood Dr		
	Address	
Orlando, FL 32828		
City/S	tate and Zip Code	
nadeahicks@gmail.c	com	
E-mail address: (to be used	l for future annual repor	t notification)
For further information concerning this matter, please call:		
Patrick Hicks	321 2	17-7965
Name of Contact Person	_ ' \	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divis Regis Clifto 2661	EFT ADDRESS: sion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{125.00} \text{ Filing Fee } & \Boxed{130.00} \text{ Filing Fee & Certificate of Status} \end{align*}	□ \$155.00 Filing Fee Certified Copy	& □ \$160.00 Filing Fee, Certifica 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

THE MAN TENDOTE, CHIEF ANCHELIE	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limite	d Liability Company " "L. I. C." or "L. I. C.")
2 Nevada	The state of the s		u claumty Company, E.L.C. or La.C.
	which foreign limited liability company is organized)	3	number, if applicable)
1			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration)	
5. 4725 Atwood Dr		6. 4725 Atwood Dr	
(Street Address of	Principal Office)	(Mailing	(Address)
Orlando, FL 328	28	Orlando, FL 3282	<u>8</u>
·			—————————————————————————————————————
7 Nama and atreat addre	an of Clarida maintend and a (D.O. D.	NOT IN	CRE CRE
. Name and street addre	ss of Florida registered agent: (P.O. B	fox NOT acceptable)	
Name:	Registered Agents Inc.		ARY ARY VSSE
Office Address:	3030 N. Rocky Point Dr. ST	E 150A	교 및유법(
	Tampa	2020	, — CS
		er (3461)	
lesignated in this applica to comply with the provis	(City) ptance: egistered agent and to accept service o ation, I hereby accept the appointment sions of all statutes relative to the prop	of process for the above stated lim t as registered agent and agree to	ited liability company at the place act in this capacity. I further app
Having been named as r lesignated in this applic o comply with the provis	(City) ptance: egistered agent and to accept service o ation, I hereby accept the appointment sions of all statutes relative to the prop as of my position as registered agent.	(Zi of process for the above stated lim t as registered agent and agree to	ited liability company at the place act in this capacity. I further an
Having been named as r lesignated in this applic o comply with the provis	(City) ptance: egistered agent and to accept service o ation, I hereby accept the appointment sions of all statutes relative to the prop	of process for the above stated lim t as registered agent and agree to per and complete performance of	ited liability company at the place act in this capacity. I further agr
Having been named as r designated in this applica to comply with the provis and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointments of all statutes relative to the property of my position as registered agent. But hereby accept the appointments of my position as registered agent. (Registered agent)	of process for the above stated lim t as registered agent and agree to per and complete performance of	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
Having been named as r designated in this applica to comply with the provis and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointmentions of all statutes relative to the property of my position as registered agent. But	of process for the above stated lim t as registered agent and agree to per and complete performance of	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
Having been named as relesignated in this applicate ocomply with the provisiond accept the obligation 8. The name, title or cap	ptance: egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent. (Registered agent accity and address of the person(s) who	of process for the above stated lim t as registered agent and agree to per and complete performance of https://doi.org/10.1001/pub.1001/pu	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
Having been named as relesignated in this applicate of comply with the provisional accept the obligation 8. The name, title or capacity:	ptance: egistered agent and to accept service of attion. I hereby accept the appointment is of my position as registered agent. Registered agent (Registered agent) active and address of the person(s) who Name and Address: Patrick Hicks 4725 Atwood Dr	of process for the above stated lim t as registered agent and agree to per and complete performance of has/have authority to manage is/ar Title or Capacity:	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with re: Name and Address: Jasmine Acevedo
Having been named as relesignated in this applicate of comply with the provisional accept the obligation 8. The name, title or capacity:	ptance: egistered agent and to accept service of ation. I hereby accept the appointment is of my position as registered agent. Registered agent (Registered agent) accity and address of the person(s) who Name and Address: Patrick Hicks	of process for the above stated lim t as registered agent and agree to per and complete performance of has/have authority to manage is/ar Title or Capacity:	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with the capacity w
Having been named as relesignated in this applicate of comply with the provisional accept the obligation 8. The name, title or capacity:	ptance: egistered agent and to accept service of attion. I hereby accept the appointment is of my position as registered agent. Registered agent (Registered agent) active and address of the person(s) who Name and Address: Patrick Hicks 4725 Atwood Dr	of process for the above stated lim t as registered agent and agree to per and complete performance of has/have authority to manage is/ar Title or Capacity:	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with re: Name and Address: Jasmine Acevedo
Having been named as relesignated in this applicate of comply with the provisional accept the obligation 8. The name, title or capatite or Capacity: Manager	(City) ptance: egistered agent and to accept service of attion, I hereby accept the appointment is of all statutes relative to the property of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address: Patrick Hicks 4725 Atwood Dr Orlando, FL 32828 Nadea Hicks 4725 Atwood Dr	of process for the above stated lim t as registered agent and agree to per and complete performance of his signature) has/have authority to manage is/ar Title or Capacity: Manager	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with Te: Name and Address: Jasmine Acevedo 4725 Atwood Dr Orlando, FL 32828 Anibal Acevedo Jr. 4725 Atwood Dr
Having been named as relesignated in this applicate of comply with the provisuand accept the obligation 8. The name, title or capatitle or Capacity: Manager Manager	(City) ptance: egistered agent and to accept service of attion. I hereby accept the appointmentations of all statutes relative to the properties of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: Patrick Hicks 4725 Atwood Dr Orlando, FL 32828 Nadea Hicks 4725 Atwood Dr Orlando, FL 32828	of process for the above stated lim t as registered agent and agree to per and complete performance of his signature) has/have authority to manage is/ar Title or Capacity: Manager	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with Te: Name and Address: Jasmine Acevedo 4725 Atwood Dr Orlando, FL 32828 Anibal Acevedo Jr.
Having been named as relesignated in this applicate to comply with the provisual accept the obligation. 8. The name, title or capacity: Manager Manager (Use attachments if necest). Attached is a certificate.	(City) parance: egistered agent and to accept service of attion, I hereby accept the appointmentations of all statutes relative to the property of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address: Patrick Hicks 4725 Atwood Dr Orlando, FL 32828 Nadea Hicks 4725 Atwood Dr Orlando, FL 32828 Ssary) of existence, no more than 90 days old of which it is organized. (If the certification of the person	of process for the above stated limit as registered agent and agree to per and complete performance of this signature) has/have authority to manage is/ar Title or Capacity: Manager Manager d, duly authenticated by the official	ited liability company at the place act in this capacity. I further againty duties, and I am familiar with Market and Address: Name and Address: Jasmine Acevedo A725 Alwood Dr Orlando, FL 32828 Anibal Acevedo Jr. A125 Alwood Dr Orlando, FL 32828 It having custody of records in the

Typed or printed name of signee

Patrick Hicks

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, **A&H HOME INVESTMENTS, 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 May 10, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on May 21, 2018.

Borbara K. Cegavske

Barbara K. Cegavske

Secretary of State

Electronic Certificate

Certificate Number: C20180521-0231