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Special Instructions to	Filing Officer:	
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Office Use Only



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June 4, 2018

SEBASTIAN ANDRES SPAGNUOLO 2263 DOUGLAS RD SAPT 414 MIAMI, FL 33145

SUBJECT: HOMES2LIV INVESTMENTS LLC

Ref. Number: W18000051984

We have received your document for HOMES2LIV INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Dionne M:Scott Regulatory Specialist II

Letter Number: 918A00011490

IJ.

www.sunbiz.org

COVER LETTER

TO:

	Registration Section Division of Corporations						
JBJEC	HOMES2LIV INVESTMENT	TS LLC					
DIEC	· ·	Name of	Limited Liability	Company			_
ne enclo cistence,	sed "Application by Foreign Limit, and check are submitted to regist	ted Liability Com er the above refer	pany for Authoriz enced foreign lim	ation to Tra	unsact Busines y company to	ss in Florida transact bus	," Certificate iness in Flori
ease reti	urn all correspondence concerning	this matter to the	following:				
	SEBASTIAN ANDRES	SPAGNUOLO					
		N	lame of Person				_
							
		F	irm/Company				
	2263 DOUGLAS RD. AI	T. 414					
			Address				_
	MIAMI, FLORIDA, 3314	4 5					
		City/S	State and Zip Code	2			-
	sebastian@homes2liv.com						*.
	E-mail a	ddress: (to be use	d for future annua	l report not	ification)	-	- 4.
r furthe	r information concerning this matter	er, please call:				>	
<u>s</u>	SEBASTIAN SPAGNUOLO		786 at (505-66(09	<u> </u>	
	Name of Contact I	Person	Area Code	Day	time Telephor	ne Number	_
D R P	MAILING ADDRESS: Division of Corporations Legistration Section LO. Box 6327 Fallahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporation on Section uilding cutive Center ee, FL 32301		
		t: 00 Filing Fee & ate of Status	☐ \$155.00 Filin Certified Copy		□ \$160.00 l of Status &		

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:

		pro ta resident and the second second	1/1 / May 1 / 1/1 / May 1 / 1/1 / May 1 / 1/1 /
WYOMING	name adopted for the purpose of transacting business in I		bility Company, "L.E.C," or "E.E.C.)
,	high foreign limited liability company is organized)	3. 82-5472044 (FEI num)	ber, if applicable)
. N/A			
1	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration)	
60 E. SIMPSON AVE		PO BOX 2869	
S. (Street Address of	Principal Office)	6. Mailing Add	ress)
JACKSON, WY 8300		JACKSON, WY 83001	· · · · · · · · · · · · · · · · · · ·
7. Name and street addre	ss of Florida registered agent: (P.O. Bo Registered Agents Inc.	ox <u>NOT</u> acceptable)	
Office Address:	3030 N. Rocky Point Dr., STE 150A		·
	Tampa	, Florida 33607	•
	(City)	(Zip coc	de)
laving been named as re lesignated in this applica o comply with the provis	otance: egistered agent and to accept service of ution, I hereby accept the appointment vions of all statutes relative to the prop us of my position as registered agent.	of process for the above stated limited t as registered agent and agree to act	l liability company at the place in this capacity. I further as
Having been named as re- designated in this applica- to comply with the provis- and accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the proposts of my position as registered agent (Registered agent)	of process for the above stated limited tas registered agent and agree to act over and complete performance of my Auce Bill HAVEE it's signature)	l liability company at the place in this capacity. I further as
Having been named as re- designated in this applica- to comply with the provis- and accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propas of my position as registered agent.	of process for the above stated limited tas registered agent and agree to act over and complete performance of my Auce Bill HAVEE it's signature)	l liability company at the plac in this capacity. I further us duties, and I am familiar wit
Having been named as redesignated in this applicate to comply with the provisionand accept the obligation 8. The name, title or cap	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address: Sebastian Andres Spagnuological services of the person o	of process for the above stated limited tas registered agent and agree to act over and complete performance of my Bill HAVEE its signature) has/have authority to manage is/are: Title or Capacity:	l liability company at the plac in this capacity. I further us duties, and I am familiar wit
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Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Homes2Liv Investments LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 8, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000802538**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of June, 2018 at 11:59 AM. This certificate is assigned 026697835.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.