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COVER LETTER

TO: Registration Section Division of Corporations

KMB HOME SOLUTIONS, 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:

Brenda	Lee	Brya	nt
--------	-----	------	----

Name of Person

KMB HOME SOLUTIONS, LLC

Firm/Company

9499 Shumard Drive

Address

Tallahassee, FL 32305

City/State and Zip Code

blbryant18@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Lee Bryant

Name of Contact Person

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & \$\sigma\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

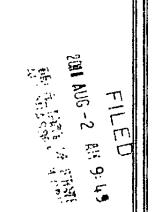
IN COMPILANCE WITH SECTION (05.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN HAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. KMB HOME SOL	UTIONS, LLC		
(Name of Foreign	Limited Ltability Company; must include "Limited	d Liability Company," "L E.C.," or "LLC.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Lix	bility Company," "L.1, C," or "L.i,C,")
2.Nevada		3	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI eum	ber, if applicable)
4			
	(Date first transacted business in Florida, if prior to a (Sec sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty hability)	
5. 9499 Shumard D	rive	6 9499 Shumard Drive)
Tallahassee, FL 3		(Mailing Aid Tallahassee, FL 323	
		<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Registered Agents Inc.	<i>,</i>	3 4 4 9: H
			Ç
Office Address:	3030 N. Rocky Point Dr. STE	150A	
		Florida 33607	
Registered agent's accep	(City) dance:	(Zip cod	ic)
designated in this applica to comply with the provise	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act	in this capacity. I further agree
	Fjee K.		
	(Registered agent's s	ignature)	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who ha Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:
Manager	Brenda Lee Bryant	Manager	Keywanna Miller
	9493 Shumard Drive	<u> </u>	rutge Strumard Direct
	Taluhassee, FL 32305	-	Tallahassee, FL 32305
Manager	Tasha M. Bryant		
	9499 Shumard Drive Tallahassee, Ft. 32305	-	
		•	
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	July authenticated by the official ha is in a foreign language, a translat	iving custody of records in the ion of the certificate under oath
10. This document is exec submitted in a document to	o the Department of State constitutes a thi	(1) (b), Florida Statutes, I am awar rd degree felony as provided for in Stan authorized person	re that any false information s.817.155, F.S.
	Brenda Lee Bryant	•	

Typeil 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, **KMB HOME 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 June 21, 2018, 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 July 25, 2018.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20180725-1145