# M18000009342

(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

#### TO: Registration Section Division of Corporations

.

#### SUBJECT: RESCUE ME PROPERTY SOLUTIONS, LLC

R

Name of Limited Liability Company

 ${\boldsymbol{f}}$ 

- 4

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:

<**;**\*

Sherry	Smith		
	Ň	ame of Person	
RESCL	JE ME PROPE	RTY SOLUTI	ONS, LLC
	F	irm/Company	
3648 H	larvard Dr		
		Address	
Holida	y, FL 34691		
	City/S	tate and Zip Code	
<u>djy</u> 727@	@gmail.com		
	E-mail address: (to be use	d for future annual report no	stification)
For further information concerning	ag this matter, please call:		
Sherry Sm	ith	81	5-6805
Name o	of Contact Person		ytime Telephone Number
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisior Registra Clifton I 2661 Ex	T ADDRESS: a of Corporations tion Section Building secutive Center Circle ssee, FL 32301
Enclosed is a check for the follow			_
☑ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

#### 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:

(Name of Foreign	OPERTY SOLUTIONS, LLC	ited Liability Company," "L.L.C.," or "LL	C.")
ténama ang adalah ang ak mara			
	name adopted for the purpose of transacting business in E	Borida. The alternate name must include "Lunited	Hability Company, "L.L.C. of "LLC.)
Nevada	shich foreign limited liability company is organized)	3	number, (l'applicable)
	noch interest intered nationaly contrarily reorganized		aureet, it appreader (
۱			
	(Date first transacted business in Florida, if prior (See sections 605/0904 & 605/0905, E.S. to deter		
5. 3648 Harvard Dr (Street Address of		6. 3648 Harvard Dr	
		(Mading	Address)
Holiday, FL 3469	· <b>1</b>	Holiday, FL 34691	
7 Name and street addre	ss of Florida registered agent: (P.O. Bc	x NOT acceptable)	الم
and <u>areer addre</u>		<u></u>	8
Name:	Registered Agents Inc.		
Office Address:	3030 N. Rocky Point Dr. ST	E 150A	<u>ت</u> ې د:
Critice / tudiess.			
	Tampa	, Florida <u>3360</u> 7	
Registered agent's accept	(Cuy)	t Zış	code)
Having been named as re	egistered agent and to accept service of	f process for the above stated lim	
lesignated in this applica	ition, I hereby accept the appointment	as registered agent and agree to	act in this capacity. I further ag
	ions of all statutes relative to the prope	er and complete performance of i	ny duties, and I am familiar with
ind accept the obligation	is of my position as registered agent.		
	Beell		
	(Registered agent	(signature)	
8. The name title or can	acity and address of the person(s) who l	has/have authority to manues i do	
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	Name and Address:
Manager			
wanager	Sherry Smith		
managor	3648 Harvard Dr		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Shiny Swith	
Signature of an authorized person	_

Sherry Smith

## 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, **RESCUE ME 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 1, 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 October 15, 2018.

341:01:55

Barbara K. Cegevste

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20181015-1588