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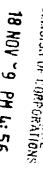
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COVER LETTER

	Registration Section Division of Corporation	ns		
SUBJEC	BETTER HO	MES REAL ESTA	TE SOLUTIONS, I	_LC
SUMME		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please re	turn all correspondence	concerning this matter to the	following:	
	Deysi (Ortiz		
		N	ame of Person	
	BETTER	HOMES REAL ES	TATE SOLUTION	S, LLC
	 	F	irm/Company	
	2810 S	Sweetspire Ci	r	
			Address	
	Kissim	mee, FL 347	46	
		City/S	state and Zip Code	
	descob	ar14@yahoo	.com	
		E-mail address: (to be use	d for future annual report no	tification)
For furth	er information concerning	g this matter, please call:		
	Deysi Ortiz		_a(407_)922	2-9425
	Name o	of Contact Person		rtime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	•	Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
	is a check for the follow \$125,00 Filing Fee	ring amount: ☐ \$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 COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternate name must include:	Limited Liability Comp	eany," "L.L.C," or "LLC.")
Nevada		3.		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI number, if applic	cable)
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605,0905, F.S. to d	rior to registration.) determine penalty liability)		
2810 Sweetspire		6. 2810 Sweetsp		
(Street Address of I Kissimmee, FL 34	•	Kissimmee, Fl	Mailing Address) L 34746	
. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	•	≈ 55~
Name:	Registered Agents Inc.			NC SECONS
Office Address:	3030 N. Rocky Point Dr. S	STE 150A		₩ X X X X X X X X X X X X X X X X X X X
	Tampa	, Florida 30	3607	
	(City)		(Zip code)	
egistered agent's accep	topoot		·	
		a alamage for the above state	d limited linkille	f Z
laving been named as re	gistered agent and to accept service	e of process for the above state	d limited liability	y companyat the pla
laving been named as re esignated in this applica	gistered agent and to accept service tion, I hereby accept the appointme	ent as registered agent and agr	ee to act in this o	capacity.) further a
laving been named as re esignated in this applica	gistered agent and to accept service	ent as registered agent and agr	ee to act in this o	capacity.) further a
laving been named as re esignated in this applica comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme	ent as registered agent and agr coper and complete performanc	ee to act in this o	capacity.) further a
laving been named as re esignated in this applica comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pr	ent as registered agent and agr coper and complete performanc	ee to act in this o	capacity.) further a
laving been named as re esignated in this applica o comply with the provisi	egistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agent	ent as registered agent and agr coper and complete performanc	ee to act in this o	capacity.) further a
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation	egistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agent	ent as registered agent and agr roper and complete performance t. gent's signature)	ee to act in this of ee of my duties, of my	capacity.) further a
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation. 3. The name, title or capa	egistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent (Registered agent) acity and address of the person(s) who	ent as registered agent and agricoper and complete performance. gent's signature) the has/have authority to manage	ee to act in this of ee of my duties, of my	capacity. ^A fu rth er a and I am familiar wi
laving been named as reesignated in this applicate occupily with the provisional accept the obligation. The name, title or capacity:	egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the pross of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address: Deysi Ortiz 2810 Swootsoke Ck	ent as registered agent and agricoper and complete performance. gent's signature) the has/have authority to manage	ee to act in this of ee of my duties, of my	capacity. ^A fu rth er a and I am familiar wi
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laving been named as reesignated in this applicate to comply with the provision of accept the obligation. The name, title or capative: Manager Manager Use attachments if neces arisdiction under the law of the translator must be second. This document is executed.	egistered agent and to accept services ation, I hereby accept the appointment ions of all statutes relative to the prosess of my position as registered agent (Registered agent acity and address of the person(s) who Name and Address: Deysi Ortiz 2810 Sweetsoire Cir (Kissimmen, FL 34746) Carlos Ortiz 2810 Sweetsoire Cir (Kissimmen, FL 34746) stary) of existence, no more than 90 days of which it is organized. (If the certiubmitted) auted in accordance with section 605.	ent as registered agent and agricoper and complete performance. (gent's signature) (ho has/have authority to manage Title or Capacity: old, duly authenticated by the oificate is in a foreign language. a. 0.0203 (1) (b), Florida Statutes. I	ee to act in this ce of my duties, an aware that an aware that an	eapacity. I further a and I am familiar was a and Address: stody of records in the certificate under only false information

Typed 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, **BETTER HOMES REAL ESTATE 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 18, 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 November 1, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate Certificate Number: C20181101-1423