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| PICK-UP | ☐ WAIT | MA1L | | |
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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: MULBERRY PROPERTY 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:

| Sergio Morales |
|--|
| Name of Person |
| MULBERRY PROPERTY SOLUTIONS, LLC |
| Firm/Company |
| 5463 NW 57th Way |
| Address |
| Coral Springs, FL 33067 |
| City/State and Zip Code |
| mulberrypropertysolutions@gmail.com |
| F-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Sergio Morales

.,954

906-0411

Name of Contact Person

Area Code

Daytime Telephone Number

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 & Certified Copy

S160.00 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:

| (If name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flor | rida. The alternate name must mehade "Limiter | I Liability Company," "L.tC." or "FLC ") | |
|--|--|--|---|--|
| 2 Nevada | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. (FEI | 3. (FEI number, if applicable) | |
| 4. | | | | |
| | (Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determi | registration) ine penalty liability) | | |
| 5. 5463 NW 57th W (Street Address of | /ay | 6. 5463 NW 57th Wa | ay | |
| (Street Address of Principal Office) Coral Springs, FL 33067 | | (Mailing Address) Coral Springs, FL 33067 | | |
| Corar Springs, 1 L | | Corai Springs, FL | 33007 | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | |
| Name: | Registered Agents Inc. | | | |
| Office Address: | 7901 4th St N STE 300 | | | |
| | St. Petersburg | , Florida <u>337</u> 02 |) | |
| Registered agent's accep | (Cny) | | o code) | |
| | ions of all statutes relative to the proper s of my position as registered agent. | | | |
| | ions of all statutes relative to the proper | and complete performance of i | act in this capacity. I further agreemy duties, and I am familiar with | |
| and accept the obligation | ions of all statutes relative to the proper s of my position as registered agent. Beech | and complete performance of i | ny duties, and I am familiar with | |
| and accept the obligation | ions of all statutes relative to the proper s of my position as registered agent. | and complete performance of i | ny duties, and I am familiar with | |
| and accept the obligation 8. The name, title or cap | ions of all statutes relative to the proper s of my position as registered agent. But (Registered agent's a acity and address of the person(s) who ha | and complete performance of i | my duties, and I am familiar with | |
| 8. The name, title or cap Title or Capacity: | ions of all statutes relative to the proper s of my position as registered agent. But Registered agent's active and address of the person(s) who hat Name and Address: | and complete performance of i | my duties, and I am familiar with | |
| 8. The name, title or cap Title or Capacity: | ions of all statutes relative to the proper s of my position as registered agent. But Registered agent's active and address of the person(s) who has Name and Address: Sergio Morales 5463 85W 57th Way | and complete performance of i | my duties, and I am familiar with | |
| 8. The name, title or cap Title or Capacity: | ions of all statutes relative to the proper s of my position as registered agent. But CREGISTORIC AGENT'S STATE AGENT'S STATE AGENT'S STATE AGENT'S STATE AGENT A | and complete performance of i | my duties, and I am familiar with | |
| S. The name, title or cap Title or Capacity: Manager | ions of all statutes relative to the proper s of my position as registered agent. But Registered agent's statistical active and address of the person(s) who has a Name and Address: Sergio Morales 5463 NW 57th Way Coral Sorross FL 33067 | and complete performance of i | my duties, and I am familiar with | |
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| S. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces | ions of all statutes relative to the proper s of my position as registered agent. But Registered agent. (Registered agent's statistic and address of the person(s) who has a Name and Address: Sergio Morales 5463 NW 57th Wav Coral Sornos FL 33067 Christina Morales 5463 NW 57th Wav Coral Sornos FL 33067 | signature) as/have authority to manage is/ar Title or Capacity: | e: Name and Address: | |
| 8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces) | ions of all statutes relative to the proper is of my position as registered agent. But A Registered agent's a acity and address of the person(s) who has Name and Address: Sergio Morales 5463 NW 57th Way Coral Sornos FL 33067 Christina Morales 5463 NW 57th Way Coral Sornos FL 33067 con Sornos FL 33067 | signature) as/have authority to manage is/ar Title or Capacity: | e: Name and Address: | |
| 8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | ions of all statutes relative to the proper is of my position as registered agent. But A Registered agent's a acity and address of the person(s) who has Name and Address: Sergio Morales 5463 NW 57th Way Coral Sornos FL 33067 Christina Morales 5463 NW 57th Way Coral Sornos FL 33067 con Sornos FL 33067 | signature) as/have authority to manage is/ar Title or Capacity: duly authenticated by the officiale is in a foreign language, a trans | e: Name and Address: I having custody of records in the slation of the certificate under oath ware that any false information | |
| 8. The name, title or cap Title or Capacity: Manager Manager (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec | ions of all statutes relative to the proper is of my position as registered agent. But Registered agent's a active and address of the person(s) who has a Name and Address: Sergio Morales 5463 NW 57th Way Coral Strongs FL 33067 Christina Morales 5463 NW 57th Way Coral Strongs FL 33067 Estate of existence, no more than 90 days old, of which it is organized. (If the certificate about the distribution of the Department of State constitutes a thing the strong | signature) as/have authority to manage is/ar Title or Capacity: duly authenticated by the officiale is in a foreign language, a trans | e: Name and Address: I having custody of records in the slation of the certificate under oath ware that any 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, MULBERRY 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 December 12, 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 December 31, 2018.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20181231-2623