

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diversified Home Services, 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:

Aaron Hill

Name of Person

Diversified Home Services, LLC

Firm/Company

201 East 5th Street, Suite 1200

Address

Sheridan, WY 82801

City/State and Zip Code

ahill@staydiversified.com

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

For further information concerning this matter, please call:

Aaron Hill

502

550-1436

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Diversified Home Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 83-2978830
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>201 East 5th Street, Suite 1200</u> (Street Address of Principal Office)	6. <u>2209 Heather Lane</u> (Mailing Address)
<u>Sheridan, WY</u>	<u>Louisville, KY</u>
<u>82801</u>	<u>40218</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th Street N., Suite 300

St. Petersburg, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Hame
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Aaron Hill

☒ Member Address: 2209 Heather Lane

☐ Authorized Louisville, KY 40218

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

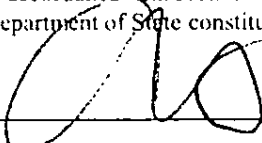
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person

Aaron Hill

Typed or printed name of signer



Wyoming Secretary of State

2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only

WY Secretary of State

FILED: Jan 5 2019 10:09AM

Original ID: 2019-000835368

**Limited Liability Company
Articles of Organization**

I. The name of the limited liability company is:

Diversified Home Services LLC

II. The name and physical address of the registered agent of the limited liability company is:

Cloud Peak Law Group, P.C.
905 Broadway Street
Ste 100
Sheridan, WY 82801

III. The mailing address of the limited liability company is:

201 East 5th St. STE 1200
Sheridan, WY 82801

IV. The principal office address of the limited liability company is:

201 East 5th St. STE 1200
Sheridan, WY 82801

V. The organizer of the limited liability company is:

Cloud Peak Law Group, P.C.
905 Broadway STE 100 Sheridan WY

Signature:

Sanyale Jones

Date: 01/05/2019

Print Name:

Sanyale Jones

Title:

Authorized Individual

Email:

reports@cloudpeaklaw.com

Daytime Phone #:

(307) 683-0983



Secretary of State

Wyoming Secretary of State

2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

- (i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;
- (ii) Makes any materially false, fictitious or fraudulent statement or representation; or
- (iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer Is: ☐ An Individual ☒ An Organization

The Wyoming Secretary of State requires a natural person to sign on behalf of a business entity acting as an incorporator or organizer. The following individual is signing on behalf of all Organizers or Incorporators.

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: Sanyale Jones

Date: 01/05/2019

Print Name: Sanyale Jones

Title: Authorized Individual

Email: reports@cloudpeaklaw.com

Daytime Phone #: (307) 683-0983



Wyoming Secretary of State

2020 Carey Avenue

Suite 700

Cheyenne, WY 82002-0020

Ph. 307-777-7311

Consent to Appointment by Registered Agent

Cloud Peak Law Group, P.C., whose registered office is located at **905 Broadway Street, Ste 100, Sheridan, WY 82801**, voluntarily consented to serve as the registered agent for **Diversified Home Services LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: *Sanyale Jones*

Date: 01/05/2019

Print Name: Sanyale Jones

Title: Authorized Individual

Email: reports@cloudpeaklaw.com

Daytime Phone #: (307) 683-0983

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 the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Diversified Home Services LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **5th** day of **January, 2019** at **10:09 AM**.

Remainder intentionally left blank.



Filed Date: 01/05/2019

Edward A. Buchanan

Secretary of State

Filed Online By:

Sanyale Jones

on 01/05/2019

STATE OF WYOMING • SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020

Phone 307-777-7311 • Fax 307-777-5339

Website: <http://soswy.state.wy.us> • Email: business@wyo.gov

Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Diversified Home Services LLC**

Filing ID **2019-000835368**

Type Limited Liability Company

Status

Active

General Information

Old Name

Sub Status

Current

Fictitious Name

Standing - Tax

Good

Standing - RA

Good

Sub Type

Standing - Other

Good

Formed in Wyoming

Filing Date

01/05/2019 10:09 AM

Term of Duration Perpetual

Delayed Effective Date

Inactive Date

Principal Address

201 East 5th St. STE 1200
Sheridan, WY 82801

Mailing Address

201 East 5th St. STE 1200
Sheridan, WY 82801

Registered Agent Address

Cloud Peak Law Group, P.C.
905 Broadway Street
Ste 100
Sheridan, WY 82801

Parties

Type **Name / Organization / Address**

Organizer Cloud Peak Law Group, P.C. 905 Broadway STE 100 Sheridan WY

Notes

Date **Recorded By** **Note**

Annual Report History

Num **Status** **Date** **Year** **Tax**

Amendment History

Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Diversified Home Services LLC**

Filing ID **2019-000835368**

Type **Limited Liability Company**

Status

Active

ID	Description	Date
See Filing ID	Initial Filing	01/05/2019