M 1900000815

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilises Ellaly Harre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100323227101

01/18/19--01022--011 ++125.44

PECKETATS STEEL FURNISHED IN THE STEEL STE

Msellers

COVER LETTER

TO:	Registration Section
	Division of Corporations

SHDIEÆT.	HOUSE IN	THE RO	UGH R	ENOVAT	IONS,	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 c

Please return all correspondence concerning this matter to the following:
Hattie E. Grant
Name of Person
HOUSE IN THE ROUGH RENOVATIONS, LLC
Firm/Company
11095 Campus Heights Ln
Address
Jacksonville, FL 32218
City/State and Zip Code
mshgrant@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hattie E. Grant 904 705-2779
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

		abaal:	* ~ "	# 12.4X	4 / 1	/351/57341	CONTRACTOR OF CONTRACTOR
Enclosed	18 21	I TIP C K	1616	IIIII.	1111	11 2 1 1 1 1 3	/1111U31J111.

☑ \$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:

	Limited Liability Company; must include "I	линеа главину Сотр	any, 1212C., or 131.C.)	
me unavadable, enter alternate n	ame adopted for the purpose of transacting business	s in Florida. The alternate n	ame must include "Limited Lial	bility Company," "L.L.C," or "LLC")
levada		3		per, il applicable)
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI nunti	er, () applicable)
	Date for temperated business in Florida, if n	eroe to requetration)		
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to		_	
11095 Campus F (Street Address of I	leights Ln	6. <u>110</u> 9	95 Campus Heig	hts Ln
Jacksonville, FL		Jack	sonville, FL 322	18
		· 		
lame and street addres	ss of Florida registered agent: (P.O.	Box NOT accept	able)	
Name:	Registered Agents Inc.		_	
Office Address:	3030 N. Rocky Point Dr. S	STE 150A		
Office Address.			22607	
	Tampa		_ , Florida <u>33607</u> (Zm cod	
omply with the provisi	tion, I hereby accept the appointmoions of all statutes relative to the pt	ent as registered a coper and complete	gent and agree to act	in this capacity. I further a
omply with the provis	tion, I hereby accept the appointmions of all statutes relative to the prosition as registered agent	ent as registered a coper and complete t.	gent and agree to act	liability company at the placin this capacity. I further againties, and I am familiar wit
omply with the provis	tion, I hereby accept the appointmions of all statutes relative to the prosition as registered agent	ent as registered a coper and complete	gent and agree to act	in this capacity. I further ag
omply with the provis. accept the obligation	tion, I hereby accept the appointmions of all statutes relative to the prosition as registered agent	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my	in this capacity. I further ag
omply with the provise accept the obligation. The name, title or capacity:	ition, I hereby accept the appointmions of all statutes relative to the pression as registered agence. But the pression as registered agence. (Registered a acity and address of the person(s) we	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provise accept the obligation. The name, title or cap:	Registered a acity and address of the person(s) w Name and Address: Hattie E. Grant	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provise accept the obligation The name, title or caparity:	tion, I hereby accept the appointmions of all statutes relative to the present of my position as registered agent (Registered a acity and address of the person(s) where we will be a made of the person (s). Hattie E. Grant	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provise accept the obligation The name, title or caparity:	Registered a acity and address of the person(s) w Name and Address: Hattie E. Grant	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provise accept the obligation The name, title or caparity:	Registered a acity and address of the person(s) w Name and Address: Hattie E. Grant	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provisaccept the obligation The name, title or capacity: Manager	Registered a acity and address of the person(s) where and Address: Hattie E. Grant 11095 Campus Heights Ln Jacksonville, FL 32218	ent as registered a roper and complete t. ngent's signature) ho has/have author	gent and agree to act e performance of my ity to manage is/are:	in this capacity. I further ag duties, and I am familiar wit
omply with the provise accept the obligation The name, title or capacity: Manager e attachments if neces	Registered a acity and address of the person(s) where and Address: Hattie E. Grant 11095 Campus Heights Ln Jacksonville, FL 32218	ent as registered a roper and complete t. ho has/have author <u>Title or</u>	gent and agree to act e performance of my ity to manage is/are: Capacity:	in this capacity. I further agduties, and I am familiar with Mame and Address:
The name, title or caparities or Capacity: Manager Mached is a certificate ediction under the law	Registered a acity and address of the person(s) we have an Address: Hattie E. Grant 11095 Camous Heights Ln Jacksonville, FL 32218 sary) of existence, no more than 90 days of which it is organized. (If the cert	ent as registered a roper and complete t. gent's signature: ho has/have author Title or	gent and agree to act e performance of my ity to manage is/are: Capacity:	in this capacity. I further and duties, and I am familiar with a second
The name, title or caparities or Capacity: Manager Manager Mached is a certificate sediction under the law he translator must be second	Registered a acity and address of the person(s) we have an Address: Hattie E. Grant 11095 Camous Heights Ln Jacksonville, FL 32218 sary) of existence, no more than 90 days of which it is organized. (If the cert	ent as registered a roper and complete to the signature. Title or Title or old, duly authentic ificate is in a foreign a third degree felo.	gent and agree to act e performance of my ity to manage is/are: Capacity: cated by the official ha in language, a translat	in this capacity. I further and duties, and I am familiar with a second

Typed or printed name of signee

Hattie E. Grant

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, **HOUSE IN THE ROUGH RENOVATIONS**, 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 November 29, 2018, and is in good standing in this state.

O POPULATION OF THE POPULATION

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 12, 2018.

Ballona K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20181212-1004