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	gistration Section vision of Corporation	ns.				
SUBJECT:	SUMMER BE	REEZE PROPERT	Y SOLUTIC	NS, LI	_C	
SUBJECT.		Name of	Limited Liability (Company		
					unsact Business in Florida," Ce y company to transact business	
Please retur	n all correspondence c	oncerning this matter to the	following:			
	Joseph	J. Cassata				
		N	ame of Person			
	SUMMER	BREEZE PROPE	RTY SOLU	TIONS	, LLC	
		F	irm/Company			
	1152 P	alm View Dr				
		a Beach, Fl. City/S Email address: (to be use	itate and Zip Code		ification)	
For further i	information concerning	g this matter, please call:				
J	oseph J. (Cassata	813	,478	8-6754	
	Name o	f Contact Person	Area Code		time Telephone Number	
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	orida. The alterna	te name must include "Limited Liab	ility Company," "L.L	C," or "1,1.0	`.")
2. Nevada	, , , , ,	3.				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number	er, if applicable)		
4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) nine penalty liabil	ity)			
5. 1152 Palm View	Dr	6. <u>11</u>	52 Palm View Dr (Mailing Addres	<u>.</u> .	~	
Daytona Beach, F	•		Mailing Address 19tona Beach, Fl 32		119,	eres 510
<u></u>		<u></u>	,	[E	-
					28	is and the second
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acce	ptable)	υ: Ο:	P	
Name:	Registered Agents Inc.			الله المراجعة المراجعة	AH II:	The same
	7901 4th St N STE 300			717	: 26	
Office Address:	· · · · · · · · · · · · · · · · · · ·			۲	. 0.	
	St. Petersburg		, Florida 33702 (Zip code			
Registered agent's accep	tance: gistered agent and to accept service of					
	ons of an statutes retailve to the proper s of my position as registered agent.	r and compl	l agent and agree to act i lete performance of my d	luties, and I an	ı familia	
	s of my position as registered agent.	·		luties, and I an	ı familia	
and accept the obligation.	See H(Registered agent's	signature)	ete performance of my d	luties, and I an	ı familia	
and accept the obligation.	s of my position as registered agent.	signature) as/have auth	ete performance of my d	Name and A		
and accept the obligation. 8. The name, title or capa	Registered agent's (Registered agent's acity and address of the person(s) who had	signature) as/have auth	ete performance of my d			
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's ecity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Paint View Dr	signature) as/have auth	ete performance of my d			
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address: Joseph J. Cassata	signature) as/have auth	ete performance of my d			
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's ecity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Paint View Dr	signature) as/have auth	ete performance of my d			
8. The name, title or capa Title or Capacity: Manager	(Registered agent's acity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Paint View Dr Daviona Beach, Fl 32117	signature) as/have auth	ete performance of my d			
8. The name, title or caps Title or Capacity: Manager Manager	(Registered agent. But (Registered agent.) (Registered agent's acity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Palm View Dr. Daviona Beach, Fl 32117 Tracy Flint 1152 Palm View Dr. Daviona Beach, Fl 32117	signature) as/have auth	ete performance of my d			
8. The name, title or capa Title or Capacity: Manager Manager Use attachments if neces	(Registered agent. But (Registered agent.) (Registered agent's acity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Palm View Dr. Daviona Beach, Fl 32117 Tracy Flint 1152 Palm View Dr. Daviona Beach, Fl 32117	as/have auth Title	ete performance of my discrity to manage is/are:	Name and A	ddress:	er with
8. The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate	(Registered agent's recity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Palm View Dr Daviona Beach, Fl 32 117 Tracy Flint 1152 Palm View Dr Daviona Beach, Fl 32 117 sary) of existence, no more than 90 days old, of which it is organized. (If the certifica	as/have auth	ete performance of my descrity to manage is/are: or Capacity:	Name and A	ddress:	in the
8. The name, title or caparatitle or Capacity: Manager Manager Use attachments if neces Attached is a certificate risdiction under the law the translator must be so	(Registered agent's recity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Paint View Dr Daviona Beach, Fl 32117 Tracy Flint 1152 Paint View Dr Daviona Beach, Fl 32117 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)	as/have auth Title	ticated by the official haveign language, a translation	Name and A	records	in the
8. The name, title or caparatitle or Capacity: Manager Manager Use attachments if neces Attached is a certificate risdiction under the law the translator must be so	(Registered agent's recity and address of the person(s) who have and Address: Joseph J. Cassata 1152 Palm View Dr Daviona Beach, Fl 32 117 Tracy Flint 1152 Palm View Dr Daviona Beach, Fl 32 117 sary) of existence, no more than 90 days old, of which it is organized. (If the certifica	as/have auth Title duly authente is in a for	ticated by the official haveign language, a translation	Name and A	records	in the

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, **SUMMER BREEZE 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 January 15, 2019, 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 January 22, 2019.

Bouliars K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190122-1015