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#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

#### PARADISE SUNSHINE HOME 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:

Andre N	Miller			
	N	ame of Person		
PARADISE	SUNSHINE HO	ME SOLUTION	ONS, LLC	
	Fi	rm/Company		
1754 S\	N 109th Ter	race		
<del></del> -		Address	<del>-</del>	<u>-</u>
Davie, F	FL 33324			
	City/S	tate and Zip Code		<del></del>
amiller92	27@gmail.co	om		
	E-mail address: (to be used	d for future annual	report notification)	
For further information concerning	this matter, please call:			720 PM
Andre Miller	•	<sub>at</sub> 786	488-2058	2019 HXR 25
Name of	Contact Person	Area Code	Daytime Telephone Nur	mber 2
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	25 PM 1: 53
Enclosed is a check for the followin  ☐ \$125.00 Filing Fee	ng amount:  □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing	g Fee & S160.00 Filing of Status & Certif	

### 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:

Nevada	ame adopted for the purpose of transacting business in Flo	3	El number, if applicable)
(Jurisdiction under the law of wh	nich föreign limited liability company is organized)	(FI	El number, if applicable)
l	{Date first transacted business in Florida, if prior to {See sections 605.0904 & 605.0905, F.S. to determine	registration.) inc penalty liability)	<del></del>
5. <u>1754 SW 109th T</u>	errace	6, 1754 SW 109th	Terrace
(Street Address of F Davie, FL 33324	micipal Office)	Davie, FL 33324	•
			20
_	ss of Florida registered agent: (P.O. Box Registered Agents Inc.	. NOT acceptable)	219 HAR 26
Name:		<del></del>	H 25
Office Address:	7901 4th St N STE 300		
	St. Petersburg	, Florida <u>3370</u>	Zip code)
Having been named as re lesignated in this applica o comply with the provis	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	is registered agent and agree t	o act in this capacity: I further agre
Having been named as re designated in this applica to comply with the provis	gistered agent and to accept service of parties of given to tion, I hereby accept the appointment a	is registered agent and agree t r and complete performance o	wact in this capacity: I further agre
designated in this applicate comply with the provisional accept the obligation  8. The name, title or cap.	gistered agent and to accept service of tion. I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  [Registered agent's acity and address of the person(s) who have	is registered agent and agree to and complete performance of signature) as/have authority to manage is/	o act in this capacity: I further agre f my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  S. The name, title or cap.  Title or Capacity:	gistered agent and to accept service of tion. I hereby accept the appointment a tions of all statutes relative to the proper s of my position as registered agent.    Box     (Registered agent's gent's gent	is registered agent and agree to r and complete performance o	to act in this capacity: I further agree f my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation  8. The name, title or cap.	gistered agent and to accept service of tion. I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:	is registered agent and agree to and complete performance of signature) as/have authority to manage is/	to act in this capacity: I further agree f my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  S. The name, title or cap.  Title or Capacity:	gistered agent and to accept service of tion. I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Andre Miller  1754 SW 109th Terrace  Davie, FL 33324  Minas Vardaoulis  1754 SW 109th Terrace	is registered agent and agree to and complete performance of signature) as/have authority to manage is/	to act in this capacity: I further agree f my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation.  S. The name, title or cap.  Title or Capacity:  Manager  Manager	gistered agent and to accept service of tion. I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Andre Miller  1754 SW 109th Terrace  Davie, FL 33324  Minas Vardaoulis  1754 SW 109th Terrace  Davie, FL 33324	is registered agent and agree to and complete performance of signature) as/have authority to manage is/	to act in this capacity: I further agree f my duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation.  S. The name, title or cap.  Title or Capacity:  Manager  Manager  (Use attachments if necesses). Attached is a certificate.	gistered agent and to accept service of tion. I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.  [Registered agent's active and address of the person(s) who have and Address:  Andre Miller  1754 SW 109th Terrace  Davie, FL 33324  Minas Vardaoulis  1754 SW 109th Terrace  Davie, FL 33324  ssary)  c of existence, no more than 90 days old, of which it is organized. (If the certifical	signature) as/have authority to manage is/ Title or Capacity:  duly authenticated by the office	f my duties, and I am familiar with  fare:  Name and Address:

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, **PARADISE SUNSHINE HOME 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 February 28, 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 March 13, 2019.

Ballona K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190313-0344