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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Littly Haine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

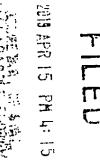




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Registration Section Division of Corporations

OUB HEZER	TWINS	HOME	SOLU	TION.	LLC
SHRIFCT		• —		• ,	

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:

	emeening maner to me ton			
Arthur	L. Cannon Jr.			
	Name	of Person	·	
TWINS	HOME SOLU	TION,	LLC	
	Firm/	Company		
17748	SW 20th St			
	A	ddress		
Mirama	ar, FL 33029			
	City/State	and Zip Code		
art@twi	nshomesolutio	n.com		
	E-mail address: (to be used for	future annual i	report notification)	
or further information concernir	g this matter, please call:			
Arthur L. C	annon Jr.	305	987-9390)
Name o	of Contact Person	Area Code	Daytime Telepho	one Number
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Cente Fallahassee, FL 3230	ons r Circle
Enclosed is a check for t			r	
Please make check paya	alo to: FLAQIDA DEPADTMU	NT OF STAT		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA SECTUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Florida. The	alternate name must include "I imited Liability Company," "L.L.C." or	"1 I.C "1
Nevada	high foreign limited hability company is organized)	(FEI number, if applicable)	
Distriction under the law of w	nich foreign finaled hability company is organized i	(HEI number, if applicable)	
	(Date first transacted business in Florida, if prior to registrate		
17748 SM	(See sections 605 090) & 605 0905 F.S. to determine penalty	hability)	
17748 SW	Principal Office) 6.	17748 SW 20th St	<u>.</u>
N 4 1			
ıvııramar, F	FL 33029	Miramar. FL 33029	
Miramar, F	-L 33029	Miramar, FL 33029	
iviiramar, F	-L 33029	Miramar, FL 33029	
	ss of Florida registered agent: (P.O. Box NOT		
	ss of Florida registered agent: (P.O. Box <u>NOT</u>	acceptable)	
		acceptable)	- 151 6 ≯ D
Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u>	acceptable)	10 10 10 1 10 10 10 10 10 10 10 10 10 10 10 10 10
Name and <u>street addres</u> Name:	Registered agent: (P.O. Box <u>NOT</u> 7901 4th St N STE 3	C. All ASS	л
Name and street address Name:	Sect Florida registered agent: (P.O. Box NOT Registered Agents Ir	C. All ASS	

(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:	Title or Capacity:	Name and Address:
✓Manager	Name: Arthur L. Cannon Jr.	✓ Manager	Name: Marilyn N. Cannon
Member	Address: <u>17748 SW 20th St</u>	☐ Member	Address: 17748 SW 20th St
Authorized	Miramar, FL 33029	Authorized	Miramar, FL 33029
Person		Person	
Other	Other	Other	Other
□Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	200 A
Other	Other	Other	=
			i i i i i i i i i i i i i i i i i i i
Manager	Name:	☐ Manager	Name:
□Member	Address:	Member	Address:
☐Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

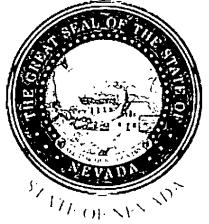
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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

Arthur L. Cannon Jr.

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, **TWINS HOME SOLUTION, 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 March 29, 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 April 9, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190409-1237