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Certificates of Status
Officer:

Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: HIGH PO	WERED HOMES LLC Name of Limited Liability Company	-
	ign Limited Liability Company for Authorization to Transact Business in Florida, to register the above referenced foreign limited liability company to transact business.	
Please return all correspondence co	oncerning this matter to the following:	•
Kim And	drade	
	Name of Person	-
HIGH P	OWERED HOMES LLC	
	Firm/Company	-
1190 He	erbert St	
	Address	_
Port Ora	ange, FL 32129	
- 12.50	City/State and Zip Code	_
highpow	eredhomesllc@gmail.com	
	E-mail address: (to be used for future annual report notification)	- 95-15
For further information concerning	this matter, please call:	
Kim Andrad	e 386 212-0438	= 3
Name of	Contact Person Area Code Daytime Telephone Number	- 3
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section	South the Line of the South
P.O. Box 6327 Tallahassee, Fl. 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTMENT OF STATE	
\$125.00 Filing Fee		Fee, Certificate

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		3
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
4400	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	
1190 Herbert St (Street Address of Phincipal Office)		6. 1190 Herbert St
Port Orange	e, FL 32129	Port Orange, FL 32129
	e, FL 32129 ss of Florida registered agent: (P.O. Box	
		NOT acceptable)
	ss of Florida registered agent: (P.O. Box	NOT acceptable)

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.

(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: Title or Capacity: Name and Address: Name and Address: Name: William Allen Edwards Name: Kim Andrade Manager ✓ Manager Address: 1190 Herbert St Address: 1190 Herbert St Member Member Port Orange, FL 32129 Port Orange, FL 32129 Authorized Authorized Person Person Other_ Other Other Other____ Manager Name: Manager Member Address: Member Address: Authorized ☐ Authorized Person Person Other___ Other Other Other_ Manager ☐ Manager Member Address: ____ 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. Kim Andrade Signature of an authorized person

Kim Andrade

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, **HIGH POWERED HOMES 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 April 25, 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 May 3, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190503-1117