

MI9000006315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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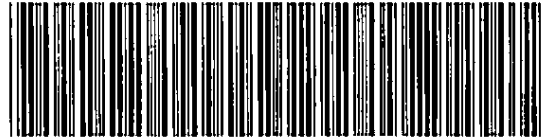
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B KINSEY  
JUL 1 - 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2019

JAMES DUERR  
1601 PARK CENTER DRIVE, STE 6A  
ORLANDO, FL 32835

SUBJECT: A & M FIRST HOMES, LLC  
Ref. Number: W19000054412

We have received your document for A & M FIRST HOMES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 919A00011361

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JUN 27 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&M First Homes, 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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Drive, Suite 6A

Address

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

407

298-4646

at ( )

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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FLORIDA  
STATE

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:

1. A&M First Homes, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. UTAH 3. 83-3834060  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Immediately  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Adriana Delgado 6. Adriana Delgado  
(Street Address of Principal Office) (Mailing Address)  
1187 N. 1200 West, Ste. 300 10401 Post Office Blvd., Ste. 621652  
Orem, UT 84057 Orlando, FL 32862

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James K. Duerr, CPA  
Office Address: 1601 Park Center Dr., Ste. 6A  
Orlando 32835  
(City) (Zip code)  
Florida

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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.

James K. Duerr  
(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:**

☐ Manager Name: Adriana Delgado

☒ Member Address: 10401 Post Office Blvd.

☐ Authorized Suite 621652

Person Orlando, FL 32862

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Maggy Delgado

☐ Member Address: 10401 Post Office Blvd.

☐ Authorized Suite 621652

Person Orlando, FL 32862

☒ Other DIRECTOR ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed 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.817.135, F.S.



Adriana Delgado  
Signature of an authorized person

Adriana Delgado, AMIR

Typed or printed name of signer

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TALLAHASSEE, FLORIDA



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

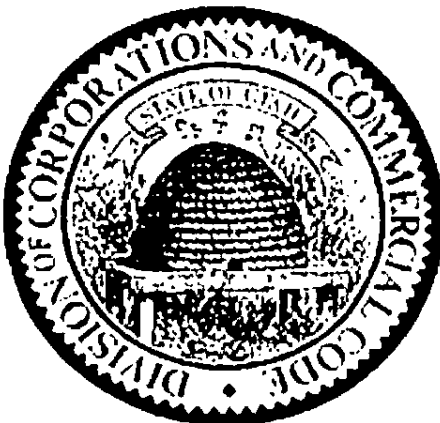
05/22/2019  
11200009-016005222019-1388473

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## CERTIFICATE OF EXISTENCE

Registration Number: 11200009-0160  
Business Name: A&M FIRST HOMES, LLC  
Registered Date: March 05, 2019  
Entity Type: LLC - Domestic  
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer  
Director  
Division of Corporations and Commercial Code