

M19000008521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED

2019 SEP -4 PM 4:25

B KINSEY
SEP 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2019

CHARLENE MOBSBY
1875 UNION STREET
CLEARWATER, FL 33763

SUBJECT: MACK HOME SOLUTIONS, LLC
Ref. Number: W19000079246

We have received your document for MACK HOME SOLUTIONS, 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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P19000057475.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00017741

Attention:

To Brooke Kinsey,

9/4/2019

Today I completed the online dissolution at Sunbiz.org for Mack Home Solutions Inc. per your guidance.

This name was created in error, it should have been a foreign filing in Florida instead of
a new Corp.

Mack Home Solutions LLC is the correct Company name licensed in Nevada and a foreign filing in Florida.

I have no interest in revoking the dissolution of Mack Home Solutions Inc.

Please correct to foreign filing, already paid for and I am requesting a Letter of Good Standing for
Florida.

Thank you very much,


Charlene Mobsby

727-667-9690

Mack Home Solutions LLC

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MACK 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:

Charlene J. Mobsby

Name of Person

MACK HOME SOLUTIONS, LLC

Firm/Company

1875 Union Street

Address

Clearwater, FL 33763

City/State and Zip Code

charlenemobsby@outlook.com

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

For further information concerning this matter, please call:

Charlene J. Mobsby

Name of Contact Person

at (**727**)

Area Code

667-9690

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

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. MACK HOME SOLUTIONS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

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

5. 4730 S Fort Apache Road Suite 300

(Street Address of Principal Office)

Las Vegas, NV 891476. 1875 Union Street

(Mailing Address)

Clearwater, FL 337637. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300St. Petersburg

(City)

, Florida

33702

(Zip code)

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.

Bell Home

(Registered agent's signature)

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FBI 3370

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: Charlene J. Mobsby

☐ Member Address: 4730 S Fort Apache Rd

☐ Authorized Suite 300

Person Las Vegas, NV 89147

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Wayne Mobsby

☐ Member Address: 4730 S Fort Apache Rd

☐ Authorized Suite 300

Person Las Vegas, NV 89147

☐ Other _____ ☐ Other _____

☒ Manager Name: Kyle Heinkel

☐ Member Address: 4730 S Fort Apache Rd

☐ Authorized Suite 300

Person Las Vegas, NV 89147

☐ Other _____ ☐ Other _____

☒ Manager Name: Ashley Heinkel

☐ Member Address: 4730 S Fort Apache Rd

☐ Authorized Suite 300

Person Las Vegas, NV 89147

☐ Other _____ ☐ Other _____

☒ Manager Name: Matthew Mickus

☐ Member Address: 4730 S Fort Apache Rd

☐ Authorized Suite 300

Person Las Vegas, NV 89147

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged 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.817.155, F.S.

Charlene J. Mobsby
Signature of an authorized person

Charlene J. Mobsby
Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **MACK HOME SOLUTIONS, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/31/2019, 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 08/21/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190821165161

You may verify this certificate
online at <http://www.nvsos.gov>