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Registration Section Division of Corporations

Javel Home Promotions 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.

Jonas Brown				
	Name of Pe	rson		2019 SEP
	Firm/Comp	any		19
12441 S Hollow Creek Ct				PH
	Address			FIORITE DRICE
Parker, CO 80134				OF: -1
	City/State and Z	ip Code		
jonas1971@gmail.com				
E-mail ad	dress: (to be used for futur	e annual rep	port notification)	
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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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate na	me must include "Limit	ed Liability Company, "L.L.C," or "I
Wyoming		2		N9S
	hich foreign limited liability company is organized)		(171)	I number, if applicable) o
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)		PH 4: 18 EEFFLORIU
Fritz Javel		Fritz Ja		
(Street Address of I	nncipal Office)	o	(Mailin	g Address)
6761 W Sunrise Blvd		6761 V	V Sunrise Blvd	
Plantation, Fl 33313		Plantat ——————————————————————————————————	ion, Fl 33313	
Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptal	ble)	
Name:	Fritz Javel			
Office Address:	6761 W Sunrise Blvd	-		
	Plantation		, Florida	

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: Name and Address: Title or Capacity: Name and Address: Name: Fritz Javel Manager Name: _____ 6761 W Sunset Blvd ☐ Member Address: ☐ Member Address: Plantation FL 33313 Authorized Authorized Person Person Other Other Other Manager Name: _____ Member Address: _____ ☐ Member Address: Authorized Authorized Person Person Other_____ Other Other Other ☐ Manager Name: _____ Manager Manager Name: _____ 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. Fritz Javel

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Javel Home Promotions, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 2, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000566692**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of September, 2019 at 1:13 PM. This certificate is assigned 032658427.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.