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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

#### **WHECE VANGUARD PROPERTY 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:

VANGUARD P	PROPERTY SOLUTIONS, LLC	
	Firm/Company	
4661 Royal D	Oornoch Circle	
	Address	
Bradenton, F	L 34211	
	City/State and Zip Code	
Seashel201@	amail.com	
E-mail addro	ess: (to be used for future annual report notification)	
	•	
information concerning this matter, p	please call:	
information concerning this matter, p	please call: 551 265-6320	
information concerning this matter, p	please call: at (551 ) 265-6320	
Shelley Johnson  Name of Contact Pers	please call: at (551 ) 265-6320	
Shelley Johnson Name of Contact Pers AILING ADDRESS: vision of Corporations	please call:  at (551 ) 265-6320  Son Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations	
Shelley Johnson Name of Contact Pers  AILING ADDRESS: vision of Corporations egistration Section	please call:  at (551) 265-6320  Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section	
Shelley Johnson Name of Contact Pers  AILING ADDRESS: vision of Corporations egistration Section O. Box 6327	please call:  at (551 ) 265-6320  Son Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Shelley Johnson Name of Contact Pers  AILING ADDRESS: vision of Corporations egistration Section	please call:  at (551) 265-6320  Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section	
Shelley Johnson Name of Contact Pers  AILING ADDRESS: vision of Corporations egistration Section O. Box 6327	please call:  at (551) 265-6320  Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

### 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 adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited Liability Co	nipany," "E.E.C," or "El
levada		3(FEI number, it app	
risdiction under the law of w	duch foreign limited liability company is organized)	(FEI number, it app	plicable)
	(Date first transacted business in Florida, if prior to registri (See sections 605.0904 & 605.0905, F.S. to determine pen	ation.)	
361 Royal Do			Circle
4661 Royal Dornoch Circle (Street Address of Principal Office)		6. 4661 Royal Dornoch Circle	
radenton	, FL 34211	Bradenton, FL	3/211
Tauchton	, 1 L 3 - 2 1 1	Diademon, i L	<u> </u>
			<u> </u>
ne and street addres	ss of Florida registered agent: (P.O. Box NO	<u>T</u> acceptable)	- J
me and <u>street addre</u> s	ss of Florida registered agent: (P.O. Box <u>NO</u>	<u>T</u> acceptable)	ξ
	_		
me and <u>street addres</u> Name:	Registered Agents	lnc.	
	_	lnc.	
Name:	Registered Agents 7901 4th St N STE	Inc. 300	
Name:	Registered Agents 7901 4th St N STE	lnc.	
Name: Office Address:	Registered Agents 7901 4th St N STE	Inc. 300	
Name: Office Address: tered agent's accep	Registered Agents 7901 4th St N STE	Inc. 300, Florida 33702(Zip code)	
Name: Office Address: ered agent's accep g been named as re ated in this applica	Registered Agents 7901 4th St N STE  St. Petersburg  (City)  Stance: registered agent and to accept service of procestion, I hereby accept the appointment as reg	Inc. 300  Florida 33702 (Zip code)  ess for the above stated limited liabilitiered agent and agree to act in this	ity company at the capacity. I furt
Name: Office Address: tered agent's acceping been named as remailed in this applicantly with the provise	Registered Agents 7901 4th St N STE St. Petersburg (City) Other City	Inc. 300  Florida 33702 (Zip code)  ess for the above stated limited liabilitiered agent and agree to act in this	ity company at the capacity. I furt
Name: Office Address: tered agent's accep ig been named as re nated in this applica uply with the provise	Registered Agents 7901 4th St N STE  St. Petersburg  (City)  Stance: registered agent and to accept service of proceedition, I hereby accept the appointment as regions of all statutes relative to the proper and	Inc. 300  Florida 33702 (Zip code)  ess for the above stated limited liabilitiered agent and agree to act in this	ity company at to capacity. I furn

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: Shelley Johnson Name: Kelley Purcell ✓ Manager Manager Address: 4661 Royal Domoch Circle Address: \_ 4661 Royal Domoch Circle Member Member Bradenton, FL 34211 Bradenton, FL 34211 Authorized Authorized Person Person Other Other\_ Other Other Name: Calvin Anthony Purcell Name: Paul N. Johnson, Jr. ✓ Manager ☑ Manager Address: \_\_\_\_ 4661 Royal Domoch Circle Address: 4661 Royal Domoch Circle Member ☐ Member Bradenton, FL 34211 ☐ Authorized Bradenton, FL 34211 ☐ Authorized Person Person Other Other\_\_\_ Other\_ Manager Manager Name: Member Address: Member ☐ 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. Shelley Johnson

Typed or printed name of signee

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, VANGUARD PROPERTY 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 10/01/2019, and is in good standing in this state.

Certificate Number: B20191017298812

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/17/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State