## M ho oo oo 1700

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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

BJECT: ENVISION HOME BUYERS, LLC	CHD IFCT.	
Name of Limited Liability Company	SOBJECT.	
enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of stence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
ase return all correspondence concerning this matter to the following:	Please return	

in an correspondence co	meering this matter to the			
Rebecc	a Metrick			
	N	ame of Person		
ENVISI	ON HOME E	BUYERS	, LLC	
	Fi	irm/Company		
6640 G	len Arbor Wa	ay		
	-	Address		
Naples,	FL 34119			
	City/S	tate and Zip Code		
becca03	89@aol.con	n		
	E-mail address: (to be used	d for future annual	report notifica	ation)
r information concerning	this matter, please call:			
Rebecca M	etrick	<sub>at</sub> 239	,450-4	1204
Name of	Contact Person	Area Code	Daytime	Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314			STREET AD Division of C Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations Section ing ve Center Circle
Enclosed is a check for the	e following amount: e to: FLORIDA DEPART	PAIFAT OF STAT	rr	
\$125.00 Filing Fee	\$130.00 Filing Fee &	\$155.00	Filing Fee & d Copy	S160.00 Filing of Status & Cer

## 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:

ι. ENVISION HOI	ME BUYERS, LLC Limited Liability Company; must include "Lim			
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company, WELL.C	2.," or "LLC.")	
If name mayadable, enter alternate of	ame adopted for the purpose of transacting business in	Florida. The alternate name must incl	ude "Limited Liability Compa	ny," "L L.C," or "LLC.")
Nevada		3.		
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	-	(FEI number, if applica	(blc)
4				
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	rmine penalty liability)		
Ĵ.	Arbor Way	<sub>6.</sub> <u>6640 G</u>	Slen Arbor	: Way
(Street Address of F	•	Nissiaa	(Mailing Address)	0
Naples, FL	_ 34119	ivapies	, FL 3411	9
			)+ 	200
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)		F-     2020 JAH
	Elliot Metrick		2.5 9 <u>.</u>	1 3 T
Name:	LIIIOL MELICK	<del></del>	in.	T I
Office Address:	6640 Glen Arbor	Way	F :	
	Naples	<del>.</del>	34119	φ φ
	(Cny)	, Florida	(Zip code)	
Registered agent's accep	tance:			
designated in this applica	gistered agent and to accept service of tion, I hereby accept the appointment	as registered agent and a	agree to act in this co	apacity. I further a
to comply with the provisi	ions of all statutes relative to the prop s of my position as registered agent	er and fomplete perform	ance of my duties, ar	nd I am familiar wi
aria accept the trongation.	GIKT MIX	<u> </u>		
	(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: Rebecca Metrick Name: Juan Carlos Sanchez Manager ✓ Manager Address: \_ 6640 Glen Arbor Way 6640 Glen Arbor Way Member ☐ Member Naples, FL 34119 Naples, FL 34119 Authorized Authorized Person Person Other Other\_ Other Other Manager Manager Manager Name: Member | Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other\_ Other\_ Manager Name: Manager Manager Name: Address: Member 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. Rebecca Metrick

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, **ENVISION HOME BUYERS, 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 12/16/2019, and is in good standing in this state.

Certificate Number: B20200114509188

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/14/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State