M2600003632

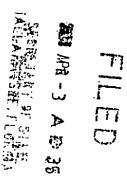
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

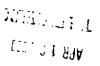
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BHO PROPERTY SOL	UTION	S, LLC	
	nited Liability C		
The enclosed "Application by Foreign Limited Liability Compan Existence, and check are submitted to register the above reference			
Please return all correspondence concerning this matter to the fol	lowing:		
Ernst Sejour			
Nam	e of Person		
BHO PROPERTY SO	DLUTIO	NS, LI	_C
Firm	/Company		
11041 SW 25th Ct Ui	nit 8108	3	
٨.	vddress		
Miramar, FL 33025			
City/State	and Zip Code		
esejour09@yahoo.fr			
E-mail address: (to be used for	or future annual	report notificat	ion)
For further information concerning this matter, please call:			
Ernst Sejour	786	, 356-8	917
Name of Contact Person	Area Code		Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADD Division of Co Registration So Clifton Buildin 2664 Executiv Tallahassee, F	orporations ection ng c Center Circle
Enclosed is a check for the following amount:	ሮዲሞ ረነው ልጥ ‹ ጥ	E.	
Please make check payable to: FLORIDA DEPARTM. S125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	_	filing Fee &	S160,00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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 of Foreign	Limited Liability Company; must melude "Limited Liabi	lity Company," "L.L.C.," or "LLC,")
unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida. The	alternate name must include "Limited Liability Company," "L.L.C," or "I
evada		31-517579)
	tich foreign limited liability company is organized)	3. 84-5175792 (FFI number, if applicable)
	(Date first transacted business in Florida, if prior to registrate (See sections 605 0904 & 605,0905, F.S. to determine penal	on.1
041 SW 25tl	n Ct Unit 8108	11041 SW 25th Ct Unit 8108
(Street Address of P	6	(Mailing Address)
iramar E	L 33025	Miramar, FL 33025
<u> </u>		· · · · · · · · · · · · · · · · · · ·
ne and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box NOT	nc.
		nc.
Name:	Registered Agents II	nc. 300 33702 33702
Name;	Registered Agents II 7901 4th St N STE 3	10.
Name; Office Address: ered agent's accept	Registered Agents II 7901 4th St N STE 3 St. Petersburg	100 33702 A STOCK
Name: Office Address: ered agent's accept to been named as reparted in this applican	Registered Agents II 7901 4th St N STE 3 St. Petersburg (City) tance: gistered agent and to accept service of procession, I hereby accept the appointment as regis	Florida 33702 A Sign code) Sign company at a stered agent and agree to act in this capacity. I fur
Name: Office Address: ered agent's accept g been named as res ated in this applicat uply with the provision	Registered Agents II 7901 4th St N STE 3 St. Petersburg (City) tance: gistered agent and to accept service of procession, I hereby accept the appointment as registons of all statutes relative to the proper and c	Florida 33702 A Sign code) Sign company at 1
Name: Office Address: red agent's accept been named as rested in this applicate offy with the provision	Registered Agents II 7901 4th St N STE 3 St. Petersburg (City) tance: gistered agent and to accept service of procession, I hereby accept the appointment as regis	Florida 33702 > Soft the above stated limited liability company a stered agent and agree to act in this capacity. If

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): Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Ernst Sejour Manager | Name: Manager Address: _____ Address: Member ☐ Member Miramar, FL 33025 Authorized Authorized Person Person __Other____ ___Other_____ Other____ Other___ Name: _____ Manager Name: _____ Manager Member Address: _____ Address: Member Authorized ☐ Authorized Person Person ______, __Other_____ Other_____ Other____ Other Name: Name: Manager Manager Address: Address: Member 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. Ernst Sejour

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, **BHO 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 02/27/2020, and is in good standing in this state.

Certificate Number: B20200319674059

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/19/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Date of this notice: 03-19-2020

Employer Identification Number:

84-5175792

Form: SS-4

Number of this notice: CP 575 G

BHO PROPERTY SOLUTIONS LLC ERNST SEJOUR SOLE MBR 4730 S FORT APACHE RD STE 300 LAS VEGAS, NV 89147

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-5175792. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BHOP. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.