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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 FEB - 7 PM 3:55

STATE
SECRET

C. BRUMBLEY

MAR 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAVEN HOMES PROPERTY SOLUTIONS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEDIATRIX GARCIA

Name of Person

HAVEN HOMES PROPERTY SOLUTIONS, LLC

Firm/Company

2066 RAPALLO COMMON

Address

LIVERMORE CA, 94551

City/State and Zip Code

medge.garcia@hotmail.com

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

For further information concerning this matter, please call:

MEDIATRIX GARCIA

Name of Person

at (650) 255 0159

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HAVEN HOMES PROPERTY SOLUTIONS, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

M20000005338

3. Jurisdiction of its organization: _____

Nevada

4. Date authorized to do business in Florida: _____

06/12/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2022 FEB -7 PM 3:55

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

WYOMING

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

MEDIATRIX GARCIA

Signature of the authorized representative

MEDIATRIX GARCIA

Typed or printed name of signee

Filing Fee: \$25.00

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,


Haven Homes Property Solutions LLC
is a
Limited Liability Company

did on **September 22, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001037601**.

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 February, 2022 at 8:17 AM. This certificate is assigned ID Number 049953542.




Secretary of State



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 09/22/2021 10:14 AM
ID: 2021-001037601

Foreign Limited Liability Company Articles of Continuance

Pursuant to W.S. 17-29-1010 of the Wyoming Limited Liability Act, the undersigned hereby submits the following Articles of Continuance:

1. Name of the limited liability company:

Haven Homes Property Solutions LLC

2. Organized under the laws of:

Nevada

(State or country)

3. Date of organization:

01/02/2020

(Date - mm/dd/yyyy)

4. Mailing address of the limited liability company:

1309 Coffeen Avenue STE 1200
Sheridan, WY 82801

5. Principal office address:

1309 Coffeen Avenue STE 1200
Sheridan, WY 82801

6. Name and physical address of its registered agent:

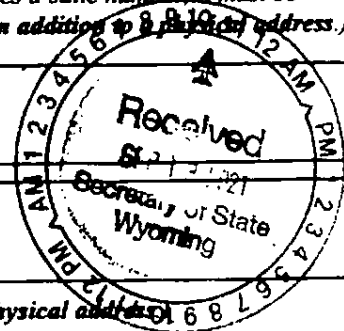
(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)

Name:

Cloud Peak Law, LLC

Address:

1095 Sugar View Dr STE 500
Sheridan, WY 82801



(If mail is received at a Post Office Box, please list above in addition to the physical address.)

7. The limited liability company will abide by the constitution and laws of Wyoming.

8. Certification. (Please check the box to complete the required certification.)

☒ I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

Signature:

Vicky Odiaga

Shall be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date: 9/10/2021

(mm/dd/yyyy)

Print Name:

Vicky Odiaga

Contact Person:

Vicky Odiaga

Title:

Manager

Daytime Phone Number:

307-683-0983

Email:

reports@cloudpeaklaw.com

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING:

☐ A certified copy of its original articles of organization and all amendments currently certified within the last six (6) months by the proper officer of the state or country of formation.

☐ A copy of the company resolution authorizing continuance of the Limited Liability Company into Wyoming.

Note: Please provide evidence showing the entity has been dissolved after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to Business@wyo.gov or mailed in.