

ma0000008702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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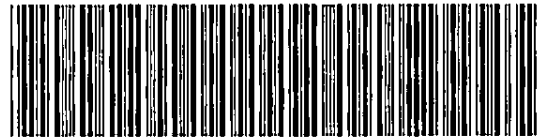
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 17 2020  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Housemates Properties 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:

Jennifer Ruiz

Name of Person

Firm/Company

1001 E Baker St Suite 403

Address

Plant City, FL 33563

City/State and Zip Code

Mjenniss9@gmail.com

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

For further information concerning this matter, please call:

Jennifer Ruiz

Name of Contact Person

at (813)

Area Code

842-7239

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. Housemates Properties LLC  
(Name of Foreign Limited Liability Company) must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NV  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1992409  
(FEI number, if applicable)

4. 09/01/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 E Baker St Suite 403  
(Street Address of Principal Office)

6. 1001 E Baker St Suite 403  
(Mailing Address)

Plant City, FL 33503

Plant City, FL 33503

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jennifer Ruiz

Office Address: 1001 E Baker St Suite 403

Plant City, Florida 33503  
(City) (Zip code)

**Registered agent's acceptance:**

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.

Jennifer Ruiz  
(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:**

☒ Manager Name: Jennifer Ruiz

☐ Member Address: 1001 E Baker St

☐ Authorized Suite 403

Person Plant City, FL 33563

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Hermell Montalvo <sup>Prates</sup>

☐ Member Address: 1001 E Baker St

☐ Authorized Suite 403

Person Plant City, FL 33563

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Edgar Lugo Nieves

☐ Member Address: 1001 E Baker St

☐ Authorized Suite 403

Person Plant City, FL 33563

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

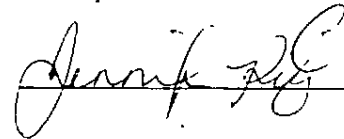
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

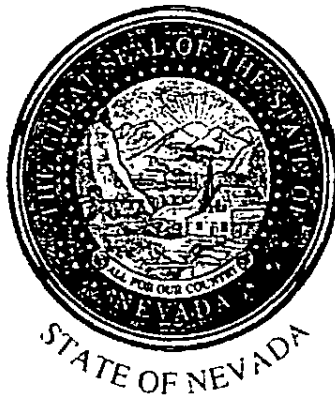
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

  
\_\_\_\_\_  
Signature of an authorized person

Jennifer Ruiz  
\_\_\_\_\_  
Typed or printed name of signer

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

HOUSEMATES PROPERTIES LLC

**Nevada Business Identification # NV20201839937**

**Expiration Date: 07/31/2021**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/16/2020.



*Barbara K. Cegavske*

Certificate Number: B20200716929773

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

BARBARA K. CEGAVSKE  
Secretary of State

# SECRETARY OF STATE



## DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **HOUSEMATES PROPERTIES LLC** did, on 07/16/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/16/2020.

*Barbara K. Cegavske*

Certificate Number: B20200716929770

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

BARBARA K. CEGAVSKE  
Secretary of State