

M 20000011442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

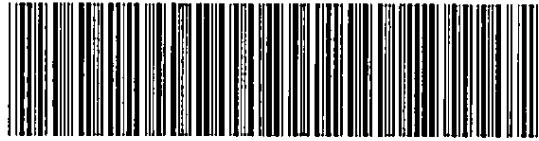
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000106191

Office Use Only



500350928455

08/25/20 0000-0000 \$0.00

FILED
2021 DEC 10 PM 3:23
HALL COUNTY, FLORIDA

FILED

FILED

45
12/10/20 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2020

CHARLES A. WULF III
2041 AUSTRALIA WAY WEST
#55
CLEARWATER, FL 33763

SUBJECT: CA HOME SOLUTIONS, LLC
Ref. Number: W20000106191

We have received your document for CA HOME SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L19000085882.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 320A00017657

RECEIVED
DEC 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CA HOME 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:

Charles A. Wulf III

Name of Person

CA HOME SOLUTIONS, LLC

Firm/Company

2041 Australia Way West #55

Address

Clearwater, FL 33763

City/State and Zip Code

cwulf111@gmail.com

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

For further information concerning this matter, please call:

Charles A. Wulf III

Name of Contact Person

at (**813**)

Area Code

484-5449

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. CA HOME SOLUTIONS, LLC

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

CA HOME SOLUTIONS FL, 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. Nevada

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

3. 85-2141676

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
See sections 605.0904 & 605.0905, F.S. to determine penalty for late filing.

5. 2041 Australia Way West

(Street Address of Principal Office)

6. 2041 Australia Way West

(Mailing Address)

Clearwater, FL 33763

Clearwater, FL 33763

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

Name: NCH REGISTERED AGENT

Office Address: 390 North Orange Ave., Ste.2300

Orlando

(City)

Florida

32801-1684

(Zip code)

2021 DEC 10 PM 3:24
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

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.

BY: [Signature]
[Signature]

(Registered Agent 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: Charles A. Wulf III
☐ Member Address: 2041 Australia Way West
☐ Authorized Clearwater, FL 33763

Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Anthony Frank Perez
☐ Member Address: 2041 Australia Way West
☐ Authorized Clearwater, FL 33763

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.

Charles A. Wulf III
Signature of an authorized person
Charles A. Wulf III
Typed or printed name of signor

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, **CA HOME 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 07/09/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/23/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200723947190

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