11810000535

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	curnent Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500364025145

04/15/21~+01022~+024 **125.00





COVER LETTER

٩

TO: Registration Section .Division of Corporations JNIVERSE 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: Laura Gonzalez Name of Person UNIVERSE HOME SOLUTIONS, LLC Firm/Company 5240 72Nd Ave N Address Pinellas Park, FL 33781 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: .aura Gonzalez Name of Contact Person Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

Ave N
Ave N
Address)
Address)
k, FL 33
(astr) ,
9 (m)
2 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

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.

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: Gisselle De La Cruz Name: Laura Gonzalez ✓ Manager Manager Manager Address: 5240 72Nd Ave N Address: 5240 72Nd Ave N Member ☐ Member Pinellas Park, FL 33781 Pinellas Park, FL 33781 Authorized ☐ Authorized Person Person Other____ Other_ Other Other_ Manager Manager Name: Address: Member Member Address: ☐ Authorized Authorized Person Person Other Other Other Other Manager Name: _____ Name: _____ Member Member | Address: 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. (il)elencus-Gisseur De la Cuiz Supranure of an authorized person Laura Gonzalez

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, **UNIVERSE 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 03/16/2021, and is in good standing in this state.

Certificate Number: B202103291546926

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/29/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State