RHIDOODIBM

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CONTRA



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2021

RODERICK WEINERT 6776 TOWNSEND ROAD LOT #110 JACKSONVILLE, FL 32244

SUBJECT: HOME GROWN PROPERTY BUYERS, LLC

Ref. Number: W21000059789

We have received your document for HOME GROWN PROPERTY BUYERS, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 221A00009053

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COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	HOME	GROWN	PROPERTY	BUYERS,	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.

existence, and theck are submitted to	register the above reference	d foreign mines	a navinty company to trai	isact busi fiess if	. ionida.
Please return all correspondence conc	erning this matter to the follo	owing:			
Roderick	Weinert				
	Name	of Person			
HOME GF	ROWN PROPE	ERTY B	UYERS, LLC	2621	
	Firm/6	Company		TEL JE	1 6
6776 Tov	wnsend Road	d Lot #1	10		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	A	ddress		() -U	5 0 ± i = :
Jackson	/ille, FL 3224	4		100 120 100 120 100 100 100 100 100 100 100 100 100 10	¥ _ , ,
	<u>-</u>	and Zip Code		, <u>II</u> , co	
rodweine	tpainting@g	mail.co	m		
E-	mail address: (to be used for	r future annual r	eport notification)		
For further information concerning thi	s matter, please call:				
Roderick We	inert	904	553-2278		
Name of Co	ontact Person	Area Code	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 Ci Tallahassee, FL 32301	ircle	
Enclosed is a check for the fo		The or our control	r.		
Please make check payable to	\$130.00 Filing Fee & Certificate of Status	_	Filing Fee & 🔲 \$160	0.00 Filing Fee, Catus & Certified	

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:

	N PROPERTY BUYERS, I		
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L L C," or "	LIC 7
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Lim	ited Liabibity Company," "L.L.C." or "LLC.")
, Nevada		2	
(Jurisdiction under the law of which foreign limited liability company is organized)		3(F	El number, if applicable)
4			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty liability)	
6776 Townser	nd Road Lot #110		
(Street Address of	Principal Office)	6. (Maili	ng Address)
Jacksonville	e, FL 32244	Jacksonvi	lle, FL 32244
			2021 S.S.S.
		·	The second second
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	0.7 Cor
	NOU Desistant		F. 70 F.
Name:	NCH Registered /	Agent	
Office Address:	390 North Orange Ave., S	Ste.2300	Fra. Cr
	Orlando	32	801
	(City)	, Florida	Zup 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.

(Registered egent's summare

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 a md Address: Name: Roderick Weinert Manager ■ Manager 6776 Townsend Road Lot #110 ☐ Member ☐ Member Address: Jacksonville, FL 32244 ■Authorized Authorized Person Person Other_ Other_ Other_ Other Manager Name: _____ Manager Manager Name: Member Address: ____ ☐ Member Address: Authorized ☐ Authorized Person Person Other Other____ Other Other Name: ■ Manager Name: _____ Member Address: _____ ☐ Mcmber 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. Supposer of an authorized person Roderick Weinert

Typed or printed ments of signes

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 herebycertify 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, **HOME GROWN PROPERTY BUYERS**, 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 03/24/2021, and is in good standing in this state.

Certificate Number: B202104051569130

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 04/05/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE

Secretary of State