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TALLAHASSEE, FL

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JAN 21 2022

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ML 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:

Lystra M. Williams  
Name of Person

ML HOME SOLUTIONS, LLC  
Firm/Company

5151 West Oakland Park Blvd 103  
Address

Lauderdale Falls, FL 33313  
City/State and Zip Code

lystraw813@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lystra M. Williams at (305) 219-9077  
Name of Contact Person 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:

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

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Tallahassee, FL

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. ML HOME SOLUTIONS, 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (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 liability)

5. 5151 West Oakland Park Blvd 103
(Street Address of Principal Office)
6. 5151 West Oakland Park Blvd 103
(Mailing Address)

Lauderdale Falls, FL 33313
Lauderdale Falls, FL 33313

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

Name: Lystra M. Williams

Office Address: 5151 West Oakland Park Blvd 103

Lauderdale Falls, Florida 33313
(City) (Zip code)

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CLERK OF CIRCUIT COURT
DADE COUNTY, FL

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.

Lystra M Williams
(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:**  **Manager** **Name and Address:** Name: Lystra M. Williams  
 **Member** Address: 5151 West Oakland Park Blvd  
 **Authorized** Suite 103  
**Person** Lauderdale Falls, FL 33313  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** **Name and Address:** Name: Myron E.J. Williams  
 **Member** Address: 5151 West Oakland Park Blvd  
 **Authorized** Suite 103  
**Person** Lauderdale Falls, FL 33313  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: Myron L.J. Williams  
 **Member** Address: 5151 West Oakland Park Blvd  
 **Authorized** Suite 103  
**Person** Lauderdale Falls, FL 33313  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: Carey Y. Jaji  
 **Member** Address: 5151 West Oakland Park Blvd  
 **Authorized** Suite 103  
**Person** Lauderdale Falls, FL 33313  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized** \_\_\_\_\_  
**Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

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 HALL COUNTY CLERK  
 LAUDERDALE FALLS, FL

**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.

Lystra M. Williams  
 Signature of an authorized person

Lystra M. Williams  
 \_\_\_\_\_  
 Typed or printed name of signer

# 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, **ML 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 12/27/2021, and is in good standing in this state.



Certificate Number: B202201072291334

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  
office on 01/07/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

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JAN 14 PM 5:07  
CLARK COUNTY  
SECRETARY OF STATE