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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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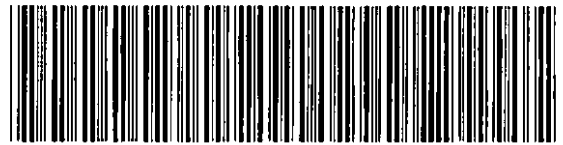
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BR 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:

Hayley Botz

Name of Person

NCH Registered Agent

Firm/Company

4730 S. Fort Apache Rd Ste 300

Address

Las Vegas, Nevada 89147

City/State and Zip Code

realtor.megan102@gmail.com

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

For further information concerning this matter, please call:

Megan Hartnell

262

455-1371

at ()

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 & ☐ \$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:

1. BR 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. 9222 Mill Circle
(Street Address of Principal Office)

Tampa, Florida 33647

6. 9222 Mill Circle
(Mailing Address)

Tampa, Florida 33647

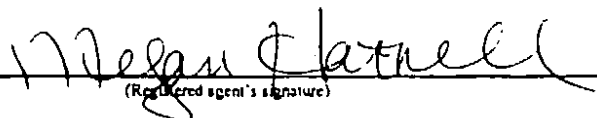
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Megan Hartnell

Office Address: 9222 Mill Circle

Tampa, Florida 33647, Florida 33647
(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.


(Registered agent's signature)

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8. For indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to complete six (6) total.

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ANA GABRIEL BRANDAO GUIMARAES ROCHA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3757 GERRARD CROSS	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	CT, LAND O LAKES, FL	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	34638	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other	Other: _____	<input type="checkbox"/> Other	Other: _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other	Other: _____	<input type="checkbox"/> Other	Other: _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other	Other: _____	<input type="checkbox"/> Other	Other: _____

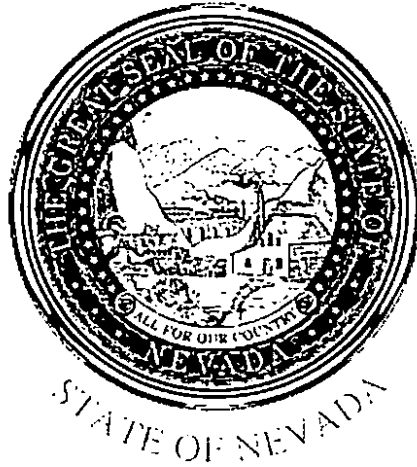
9. If you use an attachment to report more than six (6), the attachment will be imaged for reporting purposes only. Non-attachment records may be added to the index when filing your Florida Department of State Annual Report form.

10. Attach 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 must be submitted.

11. I declare this executed in accordance with Section 605.02(3)(f)(b), Florida Statutes. I am aware that any false information submitted and consent to the Department of State to institute a third degree felony as provided for in s. 817.155, F.S.

 ANA GABRIEL BRANDAO GUIMARAES ROCHA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **BR 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 08/08/2023, 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 08/21/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202308213893181

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