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COVER LETTER

CT: Junyo	ey Home leal Estate, LLC Name of Limited Liability Company
	Name of Limited Liability Company
	gn Limited Liability Company for Authorization to Transact Business in Florida." Certific to register the above referenced foreign limited liability company to transact business in F
return all correspondence cor	ncerning this matter to the following:
	Tustono A. Arraio
	Justino A. Arrajo Name of Person
	Jairney Home leal Estate
	111 & Freethura Circle
	111 E. Firethurn Circle
	1010 L Rosch F1 324101
	Inlet Beach FL 32461 City/State and Zip Code
	Tustno O Jamey HRE- com E-mail address: (to be used for future annual report notification)
E	E-mail address: (to be used for future annual report notification)
her information concerning t	his matter, please call:
Justino Arr	740 610 \ 844 2693
Name of (Contact Person Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporatio	•
P.O. Box 6327	The Centre of Tallahassee
Taltahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	e n

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.

	name adopted for the purpose of transacting business in Fl		_			
re unsyl	VANIS	3	86-	202	<u> 3</u> 91) hbla
issuction under the law of v	onich foreign innited flaotiny company is organized;			tratauno	ет, п арриса	ibic)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liab:	olity)			
111 ε Fo	ethorn Circle	6.	111 8	Fire	thurn	Circl
Address of Principal Office)			(Mailing Address	»)		
inlet Bea	ch FL 32461		Inlet	beath	FL	32416
inlet Bea	ch FL 324101	_	Inlet	beath	FL	32416
inlet Bea	ch FL 32461		Inlet	beath	FL	32416
inlet Bea	ch FL 32461	_	Inlet	heath	FL	3246
	sh FL 32461 ss of Florida registered agent: (P.O. Box	_		heath	FL -	
	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	heath	FL ···	
	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	heath	FL	3246
nme and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Justino Arrayo	NOT acc	eptable)	heath	FL	
nme and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	heath	FL	51.3 s - 16
ame and <u>street addre</u> Name:	SS of Florida registered agent: (P.O. Box Justino Arroyo III E. Firetturn Cir	NOT acc	eptable)		·÷	5€-3 s . 1 € PH
nme and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box Justino Arrayo	NOT acc	eptable)		·÷	5€-3 s . 1 € PH

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: Title or Capacity: Name and Address: Name and Address: Name: Justino A Arroyo ☑Manager □Manager Name: _____ Address: III & Fire thun circle □Member □Member Address: _____ Intel Brach FL 32461 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other____ □Other _ □Manager Name: _____ □Manager Name: Address: Address: _____ ☐ Member ☐ Member ☐ Authorized ☐ Authorized Person Person □Other_____ Other____ □Other____ □Other____ □Manager Name: □Manager □ Member Address: _______ □Member Address: _ _ _ ___ ☐ Authorized ☐ Authorized Person Person □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. Justinu A Arys
Typed or printed name of signee

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

Journey Home Real Estate, LLC

Request Type:

Subsistence Certificate

Request No.:

025015011

Receipt No.:

000757344

Filing Type:

Domestic Limited Liability

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: January 05, 2021

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Journey Home Real Estate, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: November 06, 2023

File No.:

0007191046

Albert Schmidt

Secretary of the Commonwealth

Mas Solm

Verify this certificate online at www.file.dos.pa.gov