Fax: 8134365206

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000437540 3)))



H230004375403ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

To. 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	



Foreign Limited Liability Company 24hr Home Buyers LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

12/26/2023 08:06:54 PS,T

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

fname unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida T he	alternate name must include "Lumned Etabi	lity Company."	"LEC." or	"LLC.	
TN		3.	84-3481100				
Ourisdiction under the law of which foreign limited liability company is organized)			1FEI number, il applicable i				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ)	registration me penalty	i.) hability i				
7901 4th St N			7901 4th St N				
reet Address of Principal Office)		Ü.	(Mailing Address)			_	
STE 300			STE 300				
St. Petersburg, FL 33702			St. Petersburg, FL 33702				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT.	icceptable)		207		
Name:	Registered Agents Inc				3 DEC 27		
Office Address:	7901 4th St N STE 300				PX		
	St. Petersburg		. Florida <u>3370</u> 2		ዝ 4: 2	د,	
(Ctty)			(Zip code)		Ţ		

(Registered agent's signature)

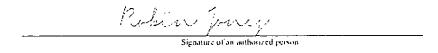
To: 18506176383

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 Capacit	<u>v:</u>	Name and Address:
□Manager	Name: Jackson, Nathan	□Manager	Name:	
⊠Member	Address: 7901 4th St N	□Member	Address: _	
□Authorized	STE 300	□Authorized		
Person	St. Petersburg, FL 33702	Person		
□Other	Other	□ Other		Other
□Manager	Name:	□Munager	Nume:	
□Member	Address:	□Member	Address: _	
□Authorized		□ Authorized		
Person		Person		
□Other	Other	Other		□Other
∐Manager	Name:	⊔Manager	Name:	
□Member	Address:	□Member	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. 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.



12/26/2023 08:06:54 PST To: 18506176383 Page: 4/4 From: Registered Agents Inc. Fax: 8134365206



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

FILER FIFTHYEIGHT

FILER FIFTHYEIGHT 784 S. CLEARWATER LOOP POST FALLS, ID 83854

Request Type: Certificate of Existence/Authorization

0561862 Request #:

December 26, 2023

Issuance Date: 12/26/2023

Copies Requested:

Document Receipt

Receipt #: 008520263 Filing Fee:

Payment-Credit Card - State Payment Center - CC #: 3864704530

\$20.00

\$20.00

Regarding: 24hr Home Buyers LLC

Filing Type:

Duration Term:

Limited Liability Company - Domestic

Formation/Qualification Date: 07/25/2019

Status:

Active Perpetual

Business County: KNOX COUNTY

Control #: Date Formed:

1041818 07/25/2019

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

24hr Home Buyers LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 064803828