# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC

Account Number : 120240000024 : (800)508-1726 Fax Number : (702)514-6187

\*\*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 12-20 HOME SOLUTIONS, LLC

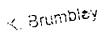
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|--|---|--|
|  | COVER LETTER  |  |
| TO: Registration Section Division of Corporations  |   |  |
| 12-20 HOME SOLUTIONS, LLC SUBJECT:   |   |  |
| Name o   | of Limited Liability Company  |  |
| The enclosed "Application by Foreign Limited Liability Co<br>Existence, and check are submitted to register the above re | ompany for Authorization to Transact Business in Florida." Certificate of ferenced foreign limited liability company to transact business in Florida. |  |
| Please return all correspondence concerning this matter to   | the following:  |  |
| LDUMOVICH  |   |  |
|  | Name of Person  |  |
| NCH Registered Agent   |   |  |
|  | Firm/Company  |  |
| 1450 VASSAR ST   |   |  |
|  | Address   |  |
| RENO, NV 89502   |   |  |
| City   | y/State and Zip Code  |  |
| RENEWALS@NCHING.COM  |   |  |
| E-mail address: (to be a   | used for future annual report notification)   |  |
| For further information concerning this matter, please call:   |   |  |
| NCH Registered Agent   | 800 508-1726  |  |
| Name of Contact Person   | Area Code Daytime Telephone Number  |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee   |  |
| Tallahassee, FL 32314  | 2415 N. Monroe Street. Suite 810<br>Tallahassee, FL 32303   |  |

□ \$155.00 Filing Fee &

Certified Copy

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

Certificate of Status

S160.00 Filing Fee, Certificate 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 IN SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATE OF FLORIDA: 12-20 HOME SOLUTIONS, LLC (Name of Foreign Limited Limbility Company: must include "Limited Liability Company," "L.L.C.," or "LUC.") (If name massalable, over alternate name adopted for the purpose of transacting business in Florida. The atternate name mass include "Umited Liability Company," "U.E.C." or "U.C.") WYOMING Derisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Fforida, if prior to registration.) (See sections 605 000) & 605 0905, F.S. to determine penalty hability) 9608 44TH ST CT E 9608 44TH ST CT E (Street Address of Principal Office) Pairish, FL 34219 Parrish, FL 34219 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NCH Registered Agent Name: 390 North Orange Ave., Ste.2300-N Office Address: Orlando (Cay) 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)

. From Corporate Service Center Inc 1.702.507.9682 Thu Oct 31 15:13:58 2024 MDT Page 6 of 7 H24000363972 3

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: MELISSA IZZO Name: □Manager 9608 44TH ST CT E ☐ Member Address: \_\_\_\_\_ □Member Address: Parrish, FL 34219 □ Authorized Manhorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other Name: □Manager Name: Manager Address: □ Member Address: ☐Member []Authorized **Manhorized** Person Person □Other □Other\_\_\_\_\_ □Other\_\_\_\_ □Other \_\_\_\_\_ Name: □Manager Name: □Manager Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ □Member □ Member □ Authorized Authorized ..... Person Person □Other\_\_\_\_ COther \_\_\_\_\_ □Other\_\_\_\_ (I)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 \$.817.355, F.S. Melissa 1330 Signature of an authorized person MELISSA IZZO Eyped or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### 12-20 HOME SOLUTIONS, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 8, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001535120**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of October, 2024 at 3:01 PM. This certificate is assigned ID Number 077748129.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.