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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 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.

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rmall	ADDTESS:			



Foreign Limited Liability Company Home Invest Group LLC

Certificate of Status	0
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Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,090), FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Home Invest Gro	up LLC Limited Liability Company, milst include "Limited	Liabib	y Company, ""L. L.C., "or "LLC")	*****	
(I) name unavailable, enter aliemate	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Lumited Liability Company	THE LOCK FOR ELCCO	
WY 2.		3.	33-1683586		
thirisdiction under the law of w	hich loreign limited habitity company is organized)	<u>.</u>	(FEI number, if applicable)		
4	ther first transacted business in Florida 11 orior to	registratio	n)		
	(Date first transacted business in Florida, if prior to (See sections 60) 10004 & 605 10005, F.S. to determi	ne penalty	Matsubaye		
7901 4th St N			7901 4th St N		
5. (Street Address of Principal Office)		ο.	(Mailing Address)	<u> </u>	
STE 300			STE 300		
St. Petersburg, FL 33702		St. Petersburg, FL 33702			
7. Name and street address	ss of Florida registered agent; (P.O. Box	NOT.	acceptable)	~ :	
Name:	Registered Agents Inc			330+70£C	
Office Address.	7901 4TH ST N STE 300		····	23 AM	
	ST. PETERSBURG		33702 , Florida	7.7	
	(Cuy)		(Zip cisto)	ထ	

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 adjent's Jignature

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 Capacity: Name and Address: Name: Lavin, Chris □ Manager □ Manager Name: ■ Member □ Member Address: _____ Address: 7901 4th St N STE 300 □ Authorized Authorized St. Petersburg, FL 33702 Person Person □Other_____ □Other_____ □Other □Other..._ □ Manager □Manager Name: _____ Name: ______ Address: □Member Address: _____ □Member Fi Authorized □ Authorized Person Person □Other__ Other____ [Other____ DOther_____ Name: L. Manager Name: ______ ∐Manager. Address: _____ Address: □Member □Member

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 filling your Florida Department of State Annual Report form.

□!Other_____

□Authorized

Person

E.Other_____

□Authorized

Person

□Other_____

- 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 1 -	-9	
Maker	W-WW/	
	Signature of an authorized person	_
	·	
Robin Jones		
	Typed 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,

Home Invest Group LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on October 28, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001544991.

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 20th day of December, 2024 at 3:49 PM. This certificate is assigned ID Number 079233936.



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.