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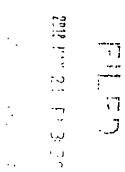
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Office Use Only



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May 9, 2018

SUSAN MCNAMEE 2536 SW EGRET POND CIR PALM CITY, FL 34990

SUBJECT: BIRDS OF PARADISE PROPERTY SOLUTIONS, LLC

Ref. Number: W18000043180

We have received your document for BIRDS OF PARADISE PROPERTY SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized. must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 218A00009584

COVER LETTER

TO: Registration Section Division of Corporation	ıs					
SUBJECT: BIRDS OF PAR	RADISE PROPERTY	SOLUTIONS,	LLC			
	Name of I	Limited Liability C	Company			
The enclosed "Application by For Existence, and check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizat	tion to Trai ed liability	nsact Business in company to trans	Florida," (sact busine	Certificate of ess in Florida
Please return all correspondence of	oncerning this matter to the	following:				
Susan McN	amee					
		ame of Person				
BIRDS OF I	PARADISE PROPER	TY SOLUTIO	NS, LLC	;		
	Fi	rm/Company			, , , ,	
0500 000					- A set Asset	*
2536 SVV	Egret Pond Circle				,	•••
		Address			-	1
Palm City, F	L 34990			· <u>·</u>	. J	j
	City/St	tate and Zip Code			. ,	
mcsue61@g	mail.com			•		
<u></u>	E-mail address: (to be used	for future annual	report noti	ification)		
For further information concerning	g this matter, please call:					
Susan McNamee		at (772	333-0	556		
Name o	f Contact Person	Area Code	Day	time Telephone N	lumber	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati	ADDRESS: of Corporations on Section uilding cutive Center Circ	cle	
			Tallahass	ee, FL 32301		
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\subseteq \text{\$\text{130.00 Filing Fee & }}}\$ Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filin of Status & Cert		

APPÈICATION 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter a iability Company," "L.L.C,	dternate name adopted for the purpose of transacting business in Florida. The alterna ," or "LLC.")	ite name must include	"Limit
Nevada	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if appli	icable)	
	(Date first transacted business in Florida, if prior to registration.)		
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
2536 SW Egret Pon	d Circle		
Palm City, FL 349	990	<u></u>	
	(Street Address of Principal Office)		··;
2536 SW Egret P	Pond Circle	\	. .
Palm City, FL 34990		• • • • • • • • • • • • • • • • • • • •	
, ann Oity, 14 04330	(Mailing Address)	ं नु ,	٠ ١
. Name and street addre	ss of Florida registered agent: (P.O. Box NOT acceptable)	- . J	J.
	Registered Agents Inc.	. ,	
Name:		•	
Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Tampa , Florida 33607		
	(City) (Zip coc	da)	
Registered agent's accep	ptance:		
laving been named as re lesignated in this applica o complywith the provisi	•	d liability company t in this capacity. I	furthe
laving been named as re lesignated in this applica o complywith the provisi	ptance: egistered agent and to accept service of process for the above stated limited ation, I hereby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performance of my	d liability company t in this capacity. I	furthe
laving heen named as relesignated in this application complywith the provise ccept the obligations of	ptance: egistered agent and to accept service of process for the above stated limited ation, I hereby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performance of my imy position as registered agent. Bell	d liability company t in this capacity. I	furthe
laving heen named as relesignated in this application complywith the provise ccept the obligations of	ptance: egistered agent and to accept service of process for the above stated limited ation. I hereby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performance of my my position as registered agent. [Registered agent's signature] (Registered agent's signature)	d liability company t in this capacity. I duties, and I am fa	furthe
Javing heen named as re- lesignated in this applica- complywith the provise ccept the obligations of	ptance: egistered agent and to accept service of process for the above stated limited ation. I hereby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performance of my my position as registered agent. (Registered agent's signature) (Registered agent's signature) pacity and address of the person(s) who has/have authority to manage is/are: Manager 2536 SW Egret Pond Circle Palm City, FL 34	d liability company t in this capacity. I duties, and I am fa	furthe
laving been named as relessingated in this applicate of complywith the provise accept the obligations of the name, title or cap Susan McNamee, I Sara Diley, Manage	ptance: egistered agent and to accept service of process for the above stated limited ation. I hereby accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performance of my my position as registered agent. (Registered agent's signature) pacity and address of the person(s) who has/have authority to manage is/are: Manager 2536 SW Egret Pond Circle Palm City, FL 34	d liability company t in this capacity. I duties, and I am fa	furthe

Typed or printed name of signee

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.

Susan McNamee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified 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, corporation soles, 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, BIRDS OF PARADISE PROPERTY SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 14, 2018, and is in good standing in this state.

Service of the servic

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 8, 2018.

Ballons K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180308-1843
You may verify this electronic certificate
online at http://www.nvsos.gov/