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(Requestor's Name)

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(City/State/Zip/Phone #)

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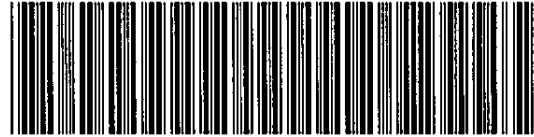
(Business Entity Name)

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S, YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAUSHELPERS PROPERTIES, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RUTH NORGAN
Name of Person

YOUR ENTITY SOLUTION, LLC
Firm/Company

6440 SKY POINTE DR STE 140-106
Address

LAS VEGAS, NV 89131
City/State and Zip Code

RUTH@YOURENTITYSOLUTION.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
16 AUG -8 PM 12: 04

For further information concerning this matter, please call:

RUTH NORGAN at (702) 506-0191
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 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 IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HAUSHELPERS PROPERTIES, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 46 LE MANS DR
NAPLES, FL 34112-9126
(Street Address of Principal Office)

6. 46 LE MANS DR
NAPLES, FL 34112-9126
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: KATHLEEN L HAUSKNECHT
Office Address: 46 LE MANS DR
NAPLES, Florida 34112-9126
(City) (Zip code)

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.

Kathleen L Hausknecht
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
KATHLEEN L HAUSKNECHT, MANAGER - 46 LE MANS DR, NAPLES, FL 34112-9126
JASON M HAUSKNECHT, MANAGER - 46 LE MANS DR, NAPLES, FL 34112-9126

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).

Kathleen L Hausknecht
Signature of an authorized person

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.

KATHLEEN L HAUSKNECHT
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG - 8 PM 12: 04

File Number

0591338-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HAUSHHELPERS PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 01, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of AUGUST A.D. 2016 .

Jesse White

SECRETARY OF STATE