

M210000007096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

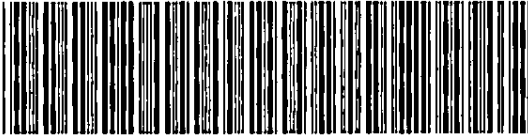
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/21--01016--004 **160.00

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2021 JUN 10 PM 1:27

FILED

JUN 10 2021

M. SOLOMON

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. Home Zen, 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. State of Utah
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2870197
(FEI number, if applicable)

4. We have been working on obtaining a business loan to buy a rental house since April 1, 2021.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1428 Wolf Trail
(Street Address of Principal Office)

6. 1428 Wolf Trail
(Mailing Address)

Middleburg, FL 32068

Middleburg, FL 32068

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jae Millwood

Office Address: 1428 Wolf Trail

Middleburg, Florida 32068
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Jae Millwood
(Registered agent's signature)

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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jon Millwood</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jac Millwood</u>
<input checked="" type="checkbox"/> Member	Address: <u>1428 Wolf Trail</u>	<input checked="" type="checkbox"/> Member	Address: <u>1428 Wolf Trail</u>
<input type="checkbox"/> Authorized Person	<u>Middleburg, FL 32068</u>	<input type="checkbox"/> Authorized Person	<u>Middleburg, FL 32068</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

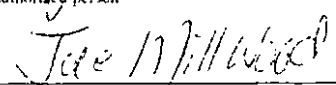
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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 605.0205 (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.



 Signature of an authorized person


 Typed or printed name of signer



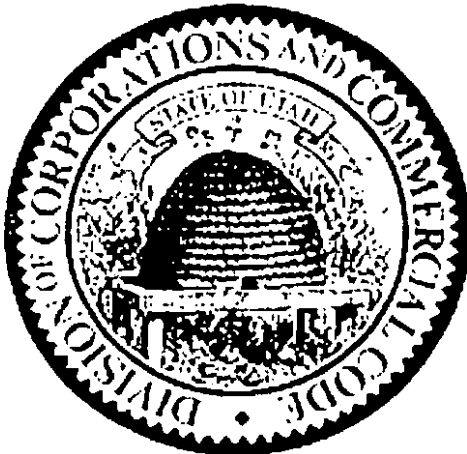
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

05/05/2021
11439185-016005052021-2688320

CERTIFICATE OF EXISTENCE

Registration Number: 11439185-0160
Business Name: HOME ZEN, LLC
Registered Date: August 28, 2019
Entity Type: LLC - Domestic
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Leigh Veillette
Director
Division of Corporations and Commercial Code

Home Zen, LLC
ATTN: Jae or Jon Millwood
1428 Wolf Trail
Middleburg, FL 32068
homezenllc@gmail.com

Melanie Solomon
Lien/Registration Section
Div. of Corporations
Florida Dept of State
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Solomon,

We do not intend to revoke the filing of our LLC *Florida* registration in the state of Florida.

Reference:

Document Number: W21000063391
Entity Name: HOME ZEN, LLC
Tracking Number: 800365674958

Thank you for your quick response to my request for advice. We appreciate your efforts and await the completion of this filing.

Best regards,

Jae Millwood



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FLORIDA DEPT OF STATE
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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June 8, 2021

JAE MILLWOOD OR JON MILLWOOD
JAE AND JON'S HOME SOLUTIONS
1428 WOLF TRAIL
MIDDLEBURG, FL 32068

SUBJECT: HOME ZEN, LLC
Ref. Number: W21000083112

We have received your document for HOME ZEN, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please list 1 Person as the Registered Agent and only 1 signature and please sign only 1 person on the last page.

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

Mel Solomon
Senior Section Administrator

Letter Number: 921A00012513