

F18000005697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

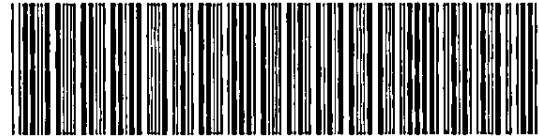
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/15/18--01018--023 **70.00

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2018 DEC 12 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL 32310

N CULLIGAN

DEC 12 2018



*12301 Lake Underhill Road, Suite 213
Orlando, Florida 32828*

*Tel: 407.512.4394
Fax: 407.955.4654*

November 13, 2018

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

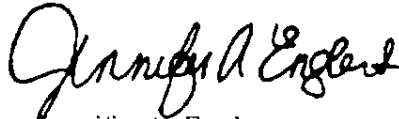
Re: CRA Solutions, Inc.

To Whom It May Concern:

Enclosed please find the original Application by Foreign Corporation for Authorization to Transact Business in Florida and the corresponding fee of \$70.00 for **CRA Solutions, Inc.** Kindly process the Application and contact my office at the above listed telephone number if any questions or concerns arise.

Thank you for your assistance.

Sincerely,



Jennifer A. Englert

JAE: cft

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRA Solutions, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer A. Englert

Name of Person

The Orlando Law Group, PL

Firm/Company

12301 Lake Underhill Road, Suite 213

Address

Orlando, FL 32828

City/State and Zip code

jschmitt@theorlandolawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A. Englert

407

512-4394

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



2018-11-29 10:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2018

JENNIFER A. ENGLERT
THE ORLANDO LAW GROUP, PL
12301 LAKE UNDERHILL ROAD, STE 213
ORLANDO, FL 32828

SUBJECT: CRS SOLUTIONS INC
Ref. Number: W18000103502

We have received your document for CRS SOLUTIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00024407

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CRA Solutions, Inc.

1. _____

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Miller Management Solutions, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Ohio 31-1375190

2. _____ 3. _____

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 30, 1993 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 109 San Lucia Drive, DeBary, Florida 32713

(Principal office address)

(Current mailing address, if different)

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

Name: Jennifer A. Englert

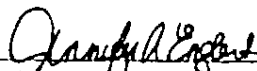
Office Address: 12301 Lake Underhill Road, Suite 213

Orlando, Florida 32828
(City) (Zip code)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Julia Lajuana Miller

Address: 109 San Lucia Drive

DeBary, Florida 32713

Vice President: _____

Address: _____

Secretary: _____

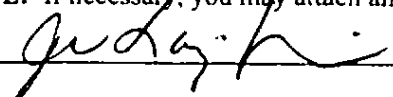
Address: _____

Treasurer: _____

Address: _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Julia Lajuana Miller, President

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CRA SOLUTIONS, INC., an Ohio corporation, Charter No. 841625, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 30, 1993 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of November, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201830904522