Florida Department of State

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Foreign Limited Liability Company **Guideposts Solutions LLC**

Certificate of Status	0
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COVER LETTER

	egiaration Section livision of Corporations		
SUBJECT	F. Guidepost Solutions, LLC		
		ne of Limited Liability Company	
The enclo- Existence,	sed "Application by Foreign Limited Liab and check are submitted to register the ab	ility Company for Authorization to Transact Business in Flor love referenced foreign limited liability company to transact t	ida," Certificate of outliness in Florida.
Please ret	an all correspondence concerning this mu	tter to the following:	
	ANTHONY M. COLLURA		
		Name of Person	
	ANTHONY M, COLLURA. P.C.		
		Pirm/Company	_
	629 PIPTH AVENUE, SUIT 300		_ 7
	, , , , , , , , , , , , , , , , , , ,	Address	T ALL SET 10
	PELHAM, NY Q0803		TO NOV
		City/State and Zip Code	-8 -8 -8
	acollura@colluralaw.c	ОМ	· Mg 🗩
	E-mail address: (4	be used for future annual report notification)	
For further	information concerning this matter, pleas	e call:	M 9:45 STATE FLORID,
A	nthony M. Collura	nt / 914 . 557-6222	Α
_	Name of Person	at (914) 557-6222 Area Code & Daytime Telephone Number	
Ū	AILING ADDRESS: ivision of Corporations oglistration Section	STREET ADDRESS: Division of Corporations Registration Section	
P.	O. Box 6327 clluhassee, FL 32314	Ctifton Building 2661 Executive Center Circle Tallahassee, PL 32301	
	is a check for the following amount 25.00 Filing Fee \$130.00 Filing Fee Cartifloare of State	& [3155.00 Piling Fee & [3160.00 Filing Fee, Corti	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GUIDEPOST SOLUTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(If name unavailable consent of the mana Company," "L.L.C.	sgore or menuging :	ame adopted for the p members adopting th	purpose of train e alternate nam	acting business in F c. The alternate nan	iorida and anach ne must inolude "i	a copy of the Limited Liabi	writter Jity
2. NEW YORK			3, 80-058				_
company is organ		foreign limited liabi	Пцу	(PEI number	, if applicable)		_
4. APRIL 9, 2010			5. PERPI				_
, (I	Date of Organization	n)		tion: Year limited I or "perpetual")	lability company	will cease to	
6. <u>upon que</u>	lification					A S	
,		transacted business as 608.501 & 608.502			')	- LAH JORE	AOM O
7, 800 VILLAGE	SQUARE CROSS	INGS, SUITE 205.	_			35-7	
PALM BEACH	GARDENS, 33410		_			SEC	. 8
		(Street Add	iress of Princip	al Office)		71	- F
8. If limited liab	cility company is	s a manager-mana	aged compan	y, check hore 🗀)	STATI -ORIC	9: 4
9. The name and	d usual business	addresses of the	managing m	mbers or manag	gers are as folic	ows. No	9
BART SCRWA	urtz. Guidepos	T SOLUTIONS, LL	C, 415 MADIS	ON AVENUE, 17T	h fl, ny,ny 10	017	
JOSEPH ROSI	etti, quidepost	r solutions, llc	, 415 MADIS	in avenue, 17th	1 FL, NY,NY 100	17	
STEPHEN MA	Loney, Jdrs in	TERNATIONAL, LI	TD. 1185 AVE	NUE OF THE AME	RICAS, 17TH FI	NY, NY 10	936
hejurisdiction under ranslation of the car	rthe inwof which it lificate under outh of	nistence, no more than its organized. (A photo film translator must be see to be conducted	coopy is not acc submitted.)	eptable. If the certific	व्यक्त के हैंग व किल्प्रीयून	languitgo, a	oends in
		ses to be conducte	ar or brottion	ed til t fotigat 🚟		, , , , , , , , , , , , , , , , , , ,	•
SECURITY AN	D COMPLIANCE		, <u>,</u> -				
		& manage	<u> </u>				
		of a member or a					
pen	alties of perjury that the Dopas	on 608.408(3), F.S., the the facts stated herein a structure of State consti OSETTI	re trus. I am aw	ere that any false in:	formation submit	ed in a	

Typed or printed name of signee

FLOST - 19/05/2010 C T System Collins

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: GUIDBPOST SOLUTIONS LLC			
If unavailab	le, the alternate to be used	in the state of Florida is:	
2. The name	e and the Florida street ad	idress of the registered agent and office are:	
	C T Corporation System		
		(Name)	
	1200 South Pine Jeland Re	orad.	
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	
	Pientation	FL 33324	
		City/State/Zip	

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Mark S. Eppley
Assistant Vice-President
(Signature) and Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (aptional) \$ 5.00 Certificate of Status (aptional) 17:5 MY 8- AON

State of New York **Department of State**

I hereby certify, that GUIDEPOST SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/09/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of November two thousand and ten.

Daniel Shapiro

First Deputy Secretary of State

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