MPCOODS 8084

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	:y/State/Zip/Phone	- #N			
(Cit	.y/Glate/Zip/F110ff6	<i>∍ m)</i>			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400277774874

10/08/15--01014--009 **160.00

FILED

15 OCT -8 PH 2: 47

SECRETARY OF STATE
TAKEMINASSEE, FLORIDA

OCT 0 9 2015 S. YOUNG

COVER LETTER

		tration Section on of Corporation	s					
		rinciple Solutions (Group, LLC					
SUBJECT:Name of Limited Liability Company								
The enclo	osed ". e, and	Application by Fore check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in I company to transa	Florida," act busine	Certificate of ess in Florida
Please re	turn al	l correspondence co	oncerning this matter to the f	following:				
		Joseph Ventura						
			Na	me of Person	, <u>, , , , , , , , , , , , , , , , , , </u>			
		Principle Soluti	ons Group, LLC					
			Fir	rm/Company		·····-		
	5 Concourse Parkway, Suite 2700				五份	' क्के'		
	Address				,		e e	
		Atlanta, GA 30	328				22.5	T-8 PM
			City/St	ate and Zip Code				
	joe.ventura@principlesolutions.com							2: 47
			E-mail address: (to be used	for future annual	report not	ification)	37-11-1	* 7
For furth	ner info	ormation concerning	g this matter, please call:					
Joseph Ventura			770 at (399-452	27			
		Name o	f Contact Person	Area Code	Day	time Telephone N	umber	
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						
		heck for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filit Certified Copy	ng Fee &	■ \$160.00 Filin of Status & Cert		

Control Number: 0630378

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PRINCIPLE SOLUTIONS GROUP, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

: 04/19/2006 : Georgia : 9/24/2015 : 211

: 12170755

Form Number



B: P. Kemp Secretary of State

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:

Principle Solutions Gro			
(Name of Fore	ign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C,"		nsacting business in Florida. The alternate name	must include "Limited
2. Georgia	3.	86-1166306	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 06/01/2014			
	(Date first transacted business in F (See sections 605.0904 & 605.0905, 1	F.S. to determine penalty liability)	
5. 400 North Ashley Driv	ve, Suite 1900		
Tampa, FL 33602			
	(Street Address of Principal	al Office)	med
6. 400 North Ashley Drive	e, Suite 1900		Section 1
Tampa, FL 33602			图 5 四
	(Mailing Addres	s)	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Allison Akers	<u></u>	高当ら
Office Address:	400 North Ashley Drive, Suite 1900	<u></u>	ET 5
	Tampa	, Florida 33602	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent.	f process for the above stated limited liabil as registered agent and agree to act in this r and complete performance of my duties, gent's signature)	s capacity. I further agree
9 The name title or con-	acity and address of the person(s) who	has/have authority to manage is/are.	
•	aging Director, 5 Concourse Parkway,	•	
	ging Director, 5 Concourse Parkway, St		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	of which it is organized. (If the certific ubmitted)	I, duly authenticated by the official having cate is in a foreign language, a translation of	
	Signature of an	authorized person	-
This document is executed		(1) (b), Florida Statutes. I am aware that any	false information
		third degree felony as provided for in s.817.	

Typed or printed name of signee

Joseph Ventura