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S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### **COVER LETTER**

	gistration Section vision of Corporation	s					
SUBJECT:	Flexibility & Co.						
		Name of I	Limited Liability C	Company			
		eign Limited Liability Comp I to register the above refere					
Please retur	n all correspondence co	oncerning this matter to the	following:				
	Diana O'Toole						
	Name of Person						
	Flexibility & Co						
	Firm/Company						
	2124 Jefferson l						
	Address						
	Stafford, VA 22	2554				70-(D.)	
	City/State and Zip Code						
	dotoole@flexrn.c					THE STATE OF THE S	
		E-mail address: (to be used	l for future annual	report notific	cation)	25	
For further	information concerning	g this matter, please call:				7 7 7 7	
D	iana O'Toole		703 at (	929-8048		1 3: 01 A	
_	Name o	f Contact Person	Area Code	Daytin	ne Telephone Number	<i></i> , <i>&gt;</i>	
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Registration Clifton Buil	Corporations  Section  Iding  Itive Center Circle		
	a check for the follow \$125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy		\$160.00 Filing Fee, C of Status & Certified Cop		

### 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:

Liability Company," "L.L.C," State of Virginia	ternate name adopted for the purpose or "LLC.")	, 54-2047193		
	of which foreign limited liability	3	(FEI number, if applicable)	
4. N/A				
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	
5. 2124 Jefferson Davis F	Iwy. Suite 301 Stafford, VA 225			
01047.00	(Street Address of F			
6. 2124 Jefferson Davis H	wy. Suite 301 Stafford, VA 2255	4		<b>₩</b> .
				<b>二</b>
	(Mailing /	Address)		哥里
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accept	able)	TARR 25
	Juliette deMarcellus			ज निवृद्ध
Name:	- Daniette delivardends		-	2
Office Address:	257 Crescent Drive		_	9
	Palm Beach		_ , Florida <u>33480</u>	2 90
Registered agent's accep	(City)		(Zip code)	
Having been named as re	gistered agent and to accept serv tion, I hereby accept the appoint	tment as registered a	gent and agree to act in this	ity company at the place s capacity. I further agree and I am familiar with and
to complywith the provisi	ons of all statutes relative to the my position as registered agent.			
to complywith the provisi	my position as registered agent.			
to complywith the provisi				
to complywith the provision accept the obligations of a comply the obligations of a complete the	my position as registered agent.  CRegist  acity and address of the person(s)	ancellus ered agent's signature)		
to complywith the provision accept the obligations of a comply the obligations of a complete the	my position as registered agent.  ———————————————————————————————————	ancellus ered agent's signature)		
to complywith the provision accept the obligations of the obligations of the second state of the second state of the second seco	my position as registered agent.  CRegist  acity and address of the person(s)	arcallua ered agent's signature) who has/have author		
to complywith the provision accept the obligations of the obligations of the second state of the second state of the second seco	my position as registered agent.  (Regist acity and address of the person(s) cutive Director, CNO	arcallua ered agent's signature) who has/have author		
to complywith the provision accept the obligations of a secret the name, title or capa Diana O'Toole, Execution Davis 2124 Jefferson Davis 9. Attached is a certificate	my position as registered agent.  (Regist acity and address of the person(s) cutive Director, CNO s Hwy. Suite 301 Stafford, Value of existence, no more than 90 day of which it is organized. (If the c	ered agent's signature) who has/have author A 22554	rity to manage is/are:	
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Typed or printed name of signee

## Commonboealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF FACT

#### I Certify the Following from the Records of the Commission:

That Flexibility & Co., LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 15, 2001; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: March 13, 2017

STATE OF STA

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1703135698

## State of Florida Department of State

I certify from the records of this office that FLEXIBILITY & CO., LLC DBA: FLEXRN is a Fictitious Name registered with the Department of State on April 10, 2017.

The Registration Number of this Fictitious Name is G17000038001.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

17 NER 26 PH 3: 01

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Thirteenth day of April, 2017

Secretary of State



Authentication ID: 600297788876-041317-G17000038001

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

## State of Florida Department of State

I certify that the attached is a true and correct copy of the Application For Registration of the Fictitious Name FLEXIBILITY & CO., LLC DBA: FLEXRN, registered with the Department of State on April 10, 2017, as shown by the records of this office.

The Registration Number of this Fictitious Name is G17000038001.

TALEARASSE PH 3: 01

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Thirteenth day of April, 2017

Secretary of State

