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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Spoke W/ Gail Reid. MHCLII Nelson 15 MGFA. 9/15717 11 27 HD |
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SECRETARY OF STATE
ALLARASSEE FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: 542494 Solutions Florida LLC Name of Limited Liability Company | · |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact I Existence, and check are submitted to register the above referenced foreign limited liability comp | |
| Please return all correspondence concerning this matter to the following: | |
| Mitchell Nelson Name of Person | |
| Syzygy Solutions LLC Firm/Company | |
| 2000 River Edge Parkway Suit | e 950 |
| Atlanta, GA 30328 City/State and Zip Code | |
| Sheila. Shabazzasyzyaysolutions. r E-mail address: (to be used for future annual report notification | nct |
| For further information concerning this matter, please call: | |
| Gail M. Reid CPA at (770) 366 - Name of Contact Person Area Code Daytime T | 0608 elephone Number |
| MAILING ADDRESS:STREET ADDDivision of CorporationsDivision of CorporationsRegistration SectionRegistration SecP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FLTallahassee, FL | porations tion Center Circle |
| | 60.00 Filing Fee, Certificate atus & Certified Copy |

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

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: Syzygy Solutions Florida LLC
(If name unavailable, enter alternate name shopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C," or "LL.C.") 5. 2000 River Edge Parkway
(Street Address of Printippal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Seth Pollino 12/94 SolutionsUC 2625 Weston Road leston , Florida 3333 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: (Use attachments if necessary) 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 605.0203 (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.



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SYZYGY SOLUTIONS, LLC (file number 801692003), a Domestic Limited Liability Company (LLC), was filed in this office on November 30, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 11, 2017.



Phone: (512) 463-5555 Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 756277730003