M19000011039

(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:						
L						

Office Use Only



200337115552

11/18/19--01002--005 **78.75

11/18/19--01003--003 **51.25

I SE UN SI AON BUI

NOV 18 2019 M. SOLOMON

COVER LETTER

.

, , ,	tration Section on of Corporation	ıs			
SUBJECT: _	Connect	Solutions Name	Worldwide of Limited Liability	LLC Company	
					usiness in Florida," Certificate o ny to transact business in Florida
Please return al	l correspondence c	oncerning this matter to	the following:		
		Jerry E	Perk ins		
	(Comect Solution	Firm/Company	di, LLC	
	1602	Indian Bay D	1, Ve Address		
		Vero Beach	176. 329 ty/State and Zip Code	13	
	<u> </u>	ccounting 0 50	y mb ee, co used for future annua	l report notification)
For further info	rmation concerning	g this matter, please call:	:		
	Jery E. Per	f Contact Person	at (<u>467</u>) <u>492-93</u>	378
<u>MAII.</u> Divisie Regist P.O. B	ING ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314	Contact Person	Area Code	STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	ESS: prations ion Center Circle
		ne following amount: le t à: FLORIDA DEPA	ARTMENT OF STA	TE	
□ sı	25.00 Filing Fee	\$130.00 Filing Fe Certificate of		Filing Fee & Cied Copy	S160.00 Filing Fee, Certifica of Status & Certified Copy

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

1. Conf	CSINESS IN THE STATE OF FLORIDA: Oct SoluLow World; Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "Liability Company; must include "Liability Company; must include Liability Company; must include "Liability Company; must include Liability Company; must		
^ !	name adopted for the purpose of transacting business in F ### ### ### #### ##################	Florida: The alternate name must include "Limited Liability Com-	
4	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	io registration) mine penalty hability (
(**************************************	al Highway	6. 1602 Indian Bay D (Mailing Address) Veio Boad, FC 32	1,00
Lowes, Delau	sale 19958-2677	Veio Brad, PC 32	
	ss of Florida registered agent: (P.O. Bo		2018 NOV 18
Name: Office Address:	Joing E Perkins 1602 Indian Bay Drive	,	
	Vero Bruch	, Florida 72 3296 (Zip ende)	3
designated in this applicate to comply with the provis	egistered agent and to accept service of ttion. I hereby accept the appointment	f process for the above stated limited liability as registered agent and agree to act in this er and complete performance of my duties,	capacity. I further agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Jely E. Porkins Name: Lance **⊠**Manager Manager Manager Address: 2314 Universh Address: 2505 Lake Shore Dive Member Odando PL 32803 Authorized ☐ Authorized Person Person Other__ Other___ Other____ Other___ Manager ☐ Manager Name: Member Member Address: ☐ Authorized Authorized Person Person Other Other Other Other____ Manager | ■Manager Name: Name: Member Address: ____ Member | Address: Authorized Authorized Person Person Other_ Other____ Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONNECT SOLUTIONS WORLDWIDE LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONNECT SOLUTIONS WORLDWIDE LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Control of the contro

Authentication: 204007858

Date: 11-14-19