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PUBLIC FINANCE SOLUTIONS, LLC

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ABBIE/PAUL H

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Public Finance Solutions, LLC Name of Limited Liability Company	
Name of Limited Elability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	
Please return all correspondence concerning this matter to the following:	
Capitol Services Corporate Filings Team	
Name of Person	-
Capitol Services, Inc.	
Firm/Company	-
800 Brazos, Suite 400	_
Address	
Austin, TX 78701	•
City/State and Zip Code	
regina@jamcapitalpartners.net	IMPORTANT: The
E-mail address: (to be used for <u>future annual report notification</u>)	email address entered here will b
	utilized for future
For further information concerning this matter, please call:	NOTIFICATIONS
Geneva Harrison 800 345-4647	
Name of Person Area Code & Daytime Telephone Number	_
Trans of Ferson Treat code to Dayline Follopholic Fullion	
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Division of Corporations Registration Section Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int\\$	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. August 18, 2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.50) & 608.502 F.S. to determine penalty liability)	1. Public Finance Solutions, LLC	
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Delaware	(Name of Foreign Limited Liability Company; must in	nelude "Limited Liability Company," "L.L.C.," or "LLC.")
(August 18, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") 6. (Date first transacted business in Florida, If prior to registration.) (See sections 608.301 & 608.502 F.S. to determine penalty liability) 7. 16 Boardwalk Plaza St. Simons Island, GA 31522 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: John A. McCallum 16 Boardwalk Plaza St. Simons Island, GA 31522 St. Simons Island, GA 31522 On Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Any and all business		
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Signature of a member or an authorized representative of a member,		authorized representative of a member,
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) John A. McCallum	document to the Department of State constit	

Typed or printed name of signee

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.

1. The name of	of the Limited Liability Co	impany is:	
Public Fir	nance Solutions, L	LC	
If unavailable,	, the alternate to be used in	the state of Florida is:	
2. The name a	and the Florida street addre	ess of the registered agent and office are:	, , , , , , , , , , , , , , , , , , , ,
	Capitol Corporate Se	ervices, Inc.	
		(Name)	-
	155 Office Plaza D	r Ste A	
	Florida Street	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	•
	Tallahassee	_{FL} 32301	
		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.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

13 JUN -6 AM 8: 27

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "PUBLIC FINANCE SOLUTIONS, 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 THIRD DAY OF JUNE, A.D. 2013.

5026919 8300

130646915

AUTHENTY CATION: 0478190

DATE: 06-03-13

You may varify this certificate online at corp, delaware.gov/authver.shtml