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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company S & D Solutions, LLC

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Corporate Filing Menu

Help

J. Shivers DEC 10 2014

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T: S&D Solutions,	LC dba StT Name of Limite	Start Finder,	LLC
osed "Application by F e, and check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authorization to Tra enced foreign limited liability	nsact Business in Florida," Certificate o company to transact business in Plorida
tum all correspondence	concerning this matter to the	e following:	
Karen Fisher			
	N	lame of Person	-
S & D Solutio	ns, LLC		
	F	іст/Сотрину	_ _
2275 Research	Blvd, suite 500		
		Address	
Rockville, MI	20850		
		inte and Zip Code	
Karen@StanFi	nder.com		
	Li-mail suddress: (to be use	d for future annual report notifie	itian)
er information concerni	ng this matter, please call:		
Karen Fisher		. 740	10
	of Contact Person	Arua Code Da	yime Telephone Number
		ET ADDRESS:	,
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is a check for the	following amount:		
\$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Foe, Certificate
	S & D Solutions, I osed "Application by Free, and check are submitted at the submitted at t	Registration Section Division of Corporations T: S & D Solutions, LLC	Division of Corporations T: S & D Solutions, LLC

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITT	ED TO REGIS	TER A
FOREXCY LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
Thame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.D.	C.")	
Sto Stock Finder I C		
(If name analyable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name of Cability Company, "T.A.C." or "E.E.C."	aust include "Lim	ited
2 Mas 16. 1 2 16.477 9421		
(figs diction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4		
(Dute first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)		
5		
2275 Region BIVD Stc 500	₹s.	4
6. Rockille my 20850	<u> </u>	F
	- 25型)	1 Salasian
(Mailing Address)		<u> </u>
7. The name, title or capacity and address of the person(s) who has/have authority to mana-	ge is/are:	
Karen Fisher		ض <u>ال</u>
Authorized Person		
	>	-
2275 Reseach BND, Sto. 500 Rekille	MD 2	G 280
8. Attached is an original certificate of existence, no more than 90 days old, duly authentical having custody of records in the jurisdiction under the law of which it is organized. (A photoacceptable. If the certificate is in a foreign language, a translation of the certificate under oarmust be submitted)	ated by the of tocopy is not	licial
ϵ_{A}/λ		
Signature of an authorized person		
In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the negative of period, their	the facts stated he	ਤਵਮਾ ਹ ਦ ਹਿਲ 1
ins aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	or in s R17 155, F S	3)
Kars Fisher		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 the	Limited Liability C	ompany is:			
S & D Solutions, LLC					
If unavailable, the	alternate to be used i	n the state of Florida is:			
S+D Sta	rt Finders L	LC			
2. The name and t	he Florida street add	ress of the registered agent and office are:			
c	T Corporation System		TAE ALSE	17	
•		(Name)	ECRE!	DEC	:
1200 South Pine Island Road			TARY ASSE	1	Sentans.
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)			3 AH	2 g f
P	antation	FL 33324	- 円の	ထ္	-
		City/State/Zip	ORIOA	-	Pl. auguster

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 605, Florida Statutes.

C T Corporation Sys	ystem .	· · · · ·		٠.	· H.,,	. 13	:: ·
	(Signatu	re)	<u>U</u>	17 17	X 1,7	 ٠	

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT S & D SOLUTIONS, LLC, REGISTERED MAY 04, 2009, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 02, 2014.

Paul B. Anderson Charter Division SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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