# F140000023661

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

Office Use Only



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SECRETARY OF STATE STYLSTER OF CORPORATIONS

## COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: FIO Consu	ulting, Inc.		
	<del>-</del>	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporations."	tificate of Good Sta	nding" and check are sub	
Please return all correspondence co	oncerning this matte	r to the following:	
Jemey O. Wood	Name of	Person	
FIO Consulting, In			
	Firm/Con	npany	
12945 Julington F	Rd.		
Jacksonville, FL	Addr 32258	ess	
jwood@fioconsultin	•	nd Zip code	
		for future annual report r	notification)
For further information concerning	this matter, please	call:	
Jeff Wood	<sub>at (</sub> 904	,900-3588	
Name of Person	Area	Code & Daytime Teleph	one Number
STREET/COURIER ADI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for the following	ng amount:		
<b>-</b>	Filing Fee & Cicate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2014

JEFFREY WOOD 12945 JULINGTON RD JACKSONVILLE, FL 32258

SUBJECT: FIO CONSULTING, INC.

Ref. Number: W14000034657

We have received your document for FIO CONSULTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name and document number of conflict is "L05000034075- F.I.O. CONSULTING, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 714A00012037

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	poration; must include "INCORPORATE p," "Inc," "Co," or "Corp.")	CD," "COMPANY," "CORPORATION,"	
FIGURE IT	OUT CONSULTING, INC.		
If name unavailab	le in Florida, enter alternate corporate nai	me adopted for the purpose of transacting business i	n Florida)
Wisconsi	n, USA	<sub>3.</sub> 26-1134646	
	nder the law of which it is incorporated)	(FEI number, if applicable)	
9/21/200	7	<sub>5.</sub> Perpetual	
	f incorporation)	(Duration: Year corp. will cease to exist or "po	erpetual.")
	(Data first transported bysics	in Florida (Coming to posignation)	
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	<del></del>
2945 Jul	ington Rd., Jacksonv		ar .
	(Principal office a	address)	င္န
2945 Ju	ington Rd., Jacksonv	/ille, FL 32258	9
	(Current mailing a	iddress)	
healthcar	e IT consulting service	200	
		country to be carried out in state of Florida)	<del></del>
Name and street	address of Florida registered agent: (	P.O. Box NOT acceptable)	
Name:	Jeffrey C. Wood		
ice Address:	12945 Julington Rd.		
	Jacksonville	, Florida 32258	

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

•
12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Tory R. Leggett
12945 Julington Rd.
Jacksonville, FL 32258
Vice President: Jeffrey C. Wood
Address: 12945 Julington Rd.
Jacksonville, FL 32258
Joffroy C Mood
camo ac abovo
Tory R Leggett
Address: Same as above
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.
Jeffrey C Wood

#### United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### FIO CONSULTING, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 21, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 30, 2014.

GEORGE PETAK, Administrator Division of Corporate and Consumer Services

Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 137739-EA536890