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. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: PATRIOT SOLUTIONS, INC			
Name of corporation - must include suffix			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
MARC C. FRANDSEN Name of Person			
Traine of a cibon			
PATRIOT SOLUTIONS, INC			
Firm/Company			
433 BAYSHORE DRIVE			
H33 BAYSHORE DRIVE Address PANAMA CITY BEACH, FL 32407 City/State and Zip code			
City/State and Zip code			
MARCIO PATRIOTSOLUTIONS. US			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MARC FRANDSEN at (256) 618-1339			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1.	PATRIOT SOLUTIONS, INC	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	•
	PATRIOT, INC OR PATRIOT SUPPORT, INC	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	ALABAMA (State or country under the law of which it is incorporated) (FEI number, if applicable)	
		
4.	(Date of incorporation) 5. PRORTUA ((Duration: Year corp. will cease to exist or "perpetual")	-
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	N/A	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5505 SUN HARBOR ROAD, STE 23), PCB, 3240/ (Principal office address) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: MARC C. FRANDSEN fice Address: 433 BAYSHURIN DR, VE PANAMA CITY BRACH, Florida 32407	· · · · · · · · · · · · · · · · · · ·
0	(City) (Zip code) Registered agent's acceptance:	v
Ha de: fu:	reconstruction agent's acceptance. Inving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this caparther agree to comply with the provisions of all statutes relative to the proper and complete performance of national I am familiar with and accept the obligations of my position as registered agent.	icity. 1
	h-c7n	
,	/ (Registered agent's signature)	

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: MARC C. FRANDSEN
Address: 433 BAYSHORE DRIVE
PCB, FL 32407
Vice Chairman: N/A
Address:
Dimension A//A
Director: N/A
Address:
Director: N/A
Address:
B. OFFICERS
President: MARC C. FRANDSEN
Address: 433 BAYSHURE DRIVE
PCB, FL 32407
Vice President: MA
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. A C I mecessary, you may attach an addendam to the application fishing 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.
13 MARC C. FRANDSEN, PRESIDENT

(Typed or printed name and capacity of person signing application)

Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Patriot Solutions, Inc was formed in Clay County, Alabama on February 1, 2012. The Alabama Entity Identification number for this entity is 027-479. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

7/15/2014

Date

Ji sum

Jim Bennett

Secretary of State