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(Address)

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3/18/16 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATED 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:

DARREN KENNEY, CPA

Name of Person

S Y A CONSULTANTS INC

Firm/Company

33161 CAMINO CAPISTRANO, SUITE M

Address

SAN JUAN CAPISTRANO, CA 92675

City/State and Zip code

DARREN@SYACONSULTANTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARREN KENNEY

949

307-1574

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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.

1. CREATED SOLUTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MONTANA 3. 47-4236246
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/26/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 3/15/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: LARRY BILLINGSLEY
- Office Address: 1825 NW CORPORATE BLVD
BOCA RATON 33431
(City) (Zip code)

9. Registered agent's acceptance:

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)

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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: LARRY BILLINGSLEY

Address: 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: LARRY BILLINGSLEY

Address: 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431

Vice President: LARRY BILLINGSLEY

Address: 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431

Secretary: LARRY BILLINGSLEY

Address: 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431

Treasurer: LARRY BILLINGSLEY

Address: 1825 NW CORPORATE BLVD., BOCA RATON, FL 33431

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

(Signature of Director or Officer)

The officer or director signing this document (and who is listed in number 11 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. LARRY BILLINGSLEY - PRESIDENT

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

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

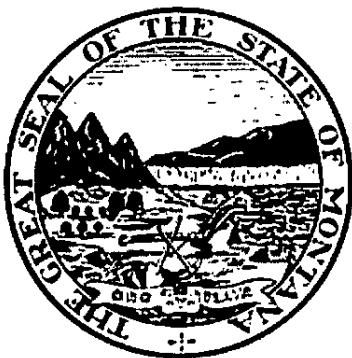
CREATED SOLUTIONS, INC.

duly filed its Articles of Incorporation in this office on 26 November 2007, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 12 March 2016.

LINDA MCCULLOCH
Secretary of State

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Certified File Number: D177455