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(Re	questor's Name)	
(Ad	dress)	·
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(Cit	ty/State/Zip/Phon	e #)
	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
W16-46	694	

Office Use Only



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TO HAY -3 PH II 4
SECRETARY OF STATE
SECRETARY OF S

D. SCOTT MAY 4 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2016

RANDALL SIGLER 3652 NORTH PEACHTREE RD. ATLANTA, GA 30341

SUBJECT: 1CHOICE SOLUTION, LLC

Ref. Number: W16000046894

17 MAY -3 PH 1: 45
SECRETARY OF STATE
TAIL ANASSEE, FLORIDA

We have received your document for 1CHOICE SOLUTION, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,710.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Dionne M Scott Regulatory-Specialist II

Letter Number: 216A00014045

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Co					
SUBJ	IECT: 1Choice	Solution LLC				
			of corporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existen		of Good Stand	uthorization to Transacing" and check are sub- ing Florida.		
Please	return all corres	pondence concern	ing this matter to	o the following:		
Randa	ll Sigler					
1Choic	ce Solutions		Name of Pe	erson		
3652 N	Norht Peachtree Rd	J.	Firm/Compa	any		
Atlanta	a, GA 30341		Address	S		
Randa	IIS@Ichoicesoluti		City/State and	•	I S	
For fu	rther information	E-mail address a concerning this n	•	r future annual report n	otification)	F
Randa	ll Sigler		888 at (745-9518)	SSEE, F	LED
	Name of Perso	on	Area Code	Daytime Teleph	none Number	1 1: 45
	Registration So Division of Co Clifton Buildir	rporations ag e Center Circle	S:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Enclos	sed is a check for	the following amo	ount:			
□ \$7	0.00 Filing Fee	\$78.75 Filin Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filin Certificate	of Status &

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.

Georgia		pted for the purpose of transacting business in	n Florida)
		-0775635	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
06/2006	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
accost the s		Tion, to determine penanty macing,	
3652 North Peach	atree Rd Atlanta GA 30341	office address)	
	(· · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Current mailing a	ddress, if different)	
	(Current mailing a	ddress, if different)	
Name and stree	(Current mailing a		
			1
Name and street	et address of Florida registered agent: (P.O. I		1 至
	et address of Florida registered agent: (P.O. I		17 EN -3
Name:	et address of Florida registered agent: (P.O. I Tim Roark 2157 South Colonial Ave	Box NOT acceptable) - 34448	1
Name:	et address of Florida registered agent: (P.O. I Tim Roark	Box NOT acceptable)	1
Name:	et address of Florida registered agent: (P.O. I Tim Roark 2157 South Colonial Ave Homessase (City)	Box NOT acceptable) - 34448 _, Florida	17 MY -3 PH 1: 45
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. I Tim Roark 2157 South Colonial Ave Homessase. (City) ent's acceptance:	Box NOT acceptable) 34448 , Florida	PA T: 45
Name: ffice Address: Registered agaving been namesignated in this	et address of Florida registered agent: (P.O. I Tim Roark 2157 South Colonial Ave Homessase (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) 34448 The state of process for the above stated corporate at as registered agent and agree to act in	ion at the parties capaci
Name: ffice Address: Registered ag aving been namesignated in this	et address of Florida registered agent: (P.O. I Tim Roark 2157 South Colonial Ave Homessase. (City) ent's acceptance: ted as registered agent and to accept service	Box NOT acceptable) 34448 , Florida	ion at the parties capaci

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. Nam	nes and business addresses of officers and/or directors:	
A. DIR	ECTORS	
Chairman	: Randall Sigler	
Address:	4062 Wild flower lane, Tucker GA 30084	
Vice Cha	Randall Sigler irman:	
	40(0.11)111111111111111111111111111111111	
Address.		
Director:	Tim Roark	
Address:	2157 South Colonial Ave , Homesassa FL 34448	
Director:	Wes Jonke	
Address:	2923 CravenRidge Dr, Atlanta Ga 30319	
B. OFF	ICERS	
President	Randall Sigler	
Address:	4062 Wildflower Lane, Tucker GA 30084	
Vice Pres	ident: Randall Sigler	1 S
Address:	4062 Wildflower lane Tucker, GA 30084	弱夷而
		-3 LE
Canatamu	Randall Sigler	20
Secretary		95 -
	4062 Wildflower lane Tucker GA 30084	\$1. 5
Treasurer	Randall Sigler	
Address:	4062 WildFlower Lane tucker GA 30084	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
12.	Signature of Director or Officer	
are true a	cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the De	

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

Control Number: 0654195

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

1CHOICE SOLUTION, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number





Brian P. Kemp Secretary of State