

F17000003776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

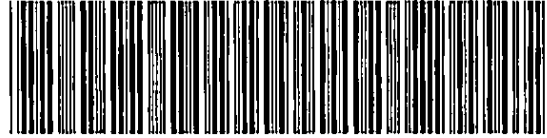
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

17 AUG 22 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J
8/23/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

KENNETH R. HOFFMAN II
1331 SAXON DR., SUITE 5016
NEW SMYRNA BEACH, FL 32169 US

SUBJECT: THE HCISOLUTION, INC.
Ref. Number: W17000064905

RECEIVED
2017 AUG 22 AM 9:48
TALLAHASSEE, FLORIDA

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,250.00.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00016172

tried to call that but it didn't work.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The HClSolution, 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:

Kenneth R. Hoffman II

Name of Person

The HClSolution, Inc.

Firm/Company

1331 Saxon Dr., Ste 5016,

Address

New Smyrna Beach, FL 32169

City/State and Zip code

ken@thehcisolution.com

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

For further information concerning this matter, please call:

Kenneth Hoffman

508

319-1602 x201

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. The HClSolution, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
 2. Tennessee, USA 3. 46-1439525
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/14/2012 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. ~~11/14/2012~~ August 4, 2017
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1331 Saxon Dr., New Smyrna Beach, FL 32169
 (Principal office address)

 (Current mailing address, if different)

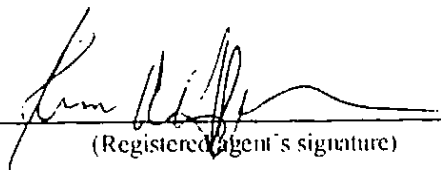
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 TALLAHASSEE, FLORIDA

FILED

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kenneth Hoffman
 Office Address: 1331 Saxon Dr., Ste 5016
New Smyrna Beach, Florida 32169
 (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.

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

A. DIRECTORS

Chairman: Kenneth R. Hoffman
Address: 1331 Saxon Dr., Ste 5016, New Smyrna Beach, FL 32169

Vice Chairman: Stacy Stewart
Address: 1231 Indian Dr., Elgin, IL 60120

Director: Shawn Nelson
Address: 5552 Rye Grass Dr., Rockford, IL 61102

Director: Brian Olson
Address: 128 N Airlite St.
Elgin, IL 60123 (per Kenneth Hoffman 8/23/17)

B. OFFICERS

President: Kenneth R. Hoffman
Address: 1331 Saxon Dr., Ste 5016, New Smyrna Beach, FL 32169

Vice President: Joni Hoffman
Address: 1331 Saxon Dr., Ste 5016, New Smyrna Beach, FL 32169

Secretary: Joni Hoffman
Address: 1331 Saxon Dr., Ste 5016, New Smyrna Beach, FL 32169

Treasurer: Kenneth Hoffman
Address: 1331 Saxon Dr., Ste 5016, New Smyrna Beach, FL 32169

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. Kenneth R. Hoffman II
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102

KEN HOFFMAN
STE 5016
111 EAST CIRCLE
NEW SMYRNA BEACH, FL 32169

August 4, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0246540

Issuance Date: 08/04/2017
Copies Requested: 1

Document Receipt

Receipt #: 003514356 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3708133292 \$20.00

Regarding: The HCISolution, Inc
Filing Type: For-profit Corporation - Domestic Control #: 700373
Formation/Qualification Date: 11/14/2012 Date Formed: 11/14/2012
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

The HCISolution, Inc

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 023587425