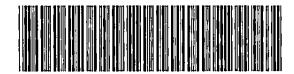
F18000005697

(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:					
<u></u>					





600320754466

600320754466 11/15/18--01018--023 **70.00

FILED
2018 DEC 12 PH 3: 05
SECRETARS ET FI GRAD

N CULLIGAN

DEC 12 2018



12301 Lake Underhill Road, Suite 213 Orlando, Florida 32828

> Tel: 407.512.4394 Fax: 407.955.4654

November 13, 2018

Division of Corporations Registration Section Post Office Box 6327 Tallahassee, FL 32314

Re: CRA Solutions, Inc.

To Whom It May Concern:

Enclosed please find the original Application by Foreign Corporation for Authorization to Transact Business in Florida and the corresponding fee of \$70.00 for **CRA Solutions**, **Inc.** Kindly process the Application and contact my office at the above listed telephone number if any questions or concerns arise.

Thank you for your assistance.

Sincerely,

cnnifer A Englert

JAE: cft

Enclosures

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	CRA Solutions, Inc.				
., 0 100		e of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certi	iclosed "Application by Foreign ficate of Existence," or "Certifica referenced foreign corporation to	ate of Good Stan	ding" and check are sub		
	return all correspondence conce er A. Englert	ming this matter	to the following:		
		Name of I	Person		
The O	dando Law Group, PL				
		Firm/Com	pany		
12301	Lake Underhill Road, Suite 213				
Orland	o, FL 32828	Addre	ss		
		City/State ar	nd Zip code		
jschmi	tt@theorlandolawgroup.com				
•	E-mail addre	ess: (to be used f	or future annual report r	notification)	
For fu	rther information concerning this	matter, please c	all:		
Jennife	er A. Englert	407 at (512-4394		
	Name of Person	Area Code	Daytime Telepl	none 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		
	ed is a check for the following a 0.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	



7-11. 1 2 A. 10-53

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2018

JENNIFER A. ENGLERT THE ORLANDO LAW GROUP, PL 12301 LAKE UNDERHILL ROAD, STE 213 ORLANDO, FL 32828

SUBJECT: CRS SOLUTIONS INC Ref. Number: W18000103502

We have received your document for CRS SOLUTIONS 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 limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 818A00024407

`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.

(Enter name of	corporation; must include "INCORPORATED.	" "COMPANY." "CORPORATION	· · ·			
	Corp," "Inc," "Co," or "Corp.")	, , , , , , , , , , , , , , , , , , , ,	•			
Miller Managen	nent Solutions, Inc.					
(If name unavai	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in I					
Ohio 2	3.	31-1375190				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)				
(Dat	c of incorporation)	(Date of duration, if other than perpetual)				
5. <u></u>						
109 San Lucia D	(SEE SECTIONS 607.1501 & 607.1501) Prive, DeBary, Florida 32713	502, F.S., to determine penalty liabili	(y)			
	(Princip	oal office address)				
	(Current mailir	ng address, if different)				
3. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C Jennifer A. Englert	Box NOT acceptable)	ZINDEC 12 P SECRETARY OF TALL AHASSEE.			
Office Address:	12301 Lake Underhill Road, Suite 213					
	Orlando	32828 , Florida	L T D 12 PM 3: 05 SSEE THARB			
	(City)	(Zip code)	205			
laving been nam lesignated in this	ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appoint comply with the provisions of all statutes r familiar with and accept the obligations o	nent as registered agent and agre elative to the proper and complet	e to act in this capacit te performance of my			
lutics, and I am	_					

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: Vice Chairman: Address: __ Director: Address: ___ **B. OFFICERS** Julia Lajuana Miller President: 109 San Lucia Drive Address: ___ DeBary, Florida 32713 Vice President: Address: ___ 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 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. Julia Lajuana Miller, President

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CRA SOLUTIONS, INC., an Ohio corporation, Charter No. 841625, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 30, 1993 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of November, A.D. 2018.

Ohio Secretary of State

Jon Hastel

Validation Number: 201830904522