(Re	equestor's Name)	
(Ac	idress)	
(Āc	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA II



TATE & MISTAKE

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2019

DENNIS HANLON 3275 12TH AVENUE SE NAPLES, FL 34117

SUBJECT: SOLORIA II, LLC Ref. Number: W19000094919

COE from
Tennossee

We have received your document for SQLERA II, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Yvette Scott Document Specialist II

Letter Number: 219A00022112

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
em n	Soluria II, I	LC	-			
SUBJI	ECI:	Name of c	orporation	- must include suffix		
Dear Si	r or Madam:					
"Certiti	icate of Existence,		Good Stan	Authorization to Transa ding" and check are sul s in Florida.		
Please to Dennis		ndence concerning	this matter	to the following:	2019 055	
Soluria	II, LLC	•••	Name of F	Person	SU FR	
3275 12	2th Avenue SE		Firm/Com	oany		ر <u>.</u> -
Naples.	FL 34117		Addre	ss		
dennis@	Dsoluria.com	C	ity/State an	d Zip code		
		E-mail address: (t	o be used fo	or future annual report	notification)	
For furt	ther information co	oncerning this matte	er, please c	all:		
Dennis	Hanlon	at :	561	352-3497		
	Name of Person	at	Area Code	Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		e following amoun  \$78.75 Filing For Certificate of S	ee & 🗖	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Certificate of Certified Cop	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.

	orporation; must include "INCORPORAT	ED," "CC	MPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate n	ame adopte	ed for the nurnose of transacting by	
Tennessee, USA			416314	2019
2		_ 3		<u> </u>
•	y under the law of which it is incorporated	i)	(FEI number, if application	able)
August 2017 4.		5.		ω -
··	of incorporation)		(Date of duration, if other than	perpetual)
	$\Lambda/A$			P 1
6	(Date first transacted busine	ess in Flori	da if prior to registration)	<u> </u>
			.S., to determine penalty liability)	号っ
3275 12th Avenu	c SE, Naples FL 34117		, ,	>
7	<u> </u>	inginal aff	ice address)	
BO Day 0866 No	· ·	rincipai oti	ice address)	
PO Box 9866 Na				
	(Current n	nailing add	ress, if different)	
8. Name and stree	et address of Florida registered agent:	(P.O. Bo	x NOT acceptable)	
	Dennis Hanlon		·	
Name:				
007 4 4 4	3275 12th Ave SE			
Office Address:			2	
	Naples		34117 , Florida	
	(City)		(Zip code)	
0 Registered age	, -,		(Zip code)	

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. DIRE	ECTORS
Chairman	Dennis Hanlon
-	PO Box 9866 3275 12th AVE SE
	Naples, Florida 34101 Naples FL 34117
Vice Chai	rman:
Director	
Address:	
	<del></del>
Director:	<u> </u>
Address:	ं कु रस
	2
B. OFF	ICERS 3
	Dennis Hanlon, Founder & CEO
President:	PO Box 9866 37/7 17th /10 (-
Address:	3/3/2/11/19
	Naples, FL 34101 (1) (2) (2) (3) (4) (1)
Vice Presi	ident:
Address:	
Coordonii	
_	
Address:	
Treasurer:	
Address:	1
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
	Signature of Director or Officer per ordirector signing this document (and who is listed in number 11 above) affirms that the facts stated herein
	and that he or she is aware that false information submitted in a document to the Department of State constitutes
	egree felony as provided for in s.817.155, F.S.
13. Deni	nis Hanlon, Chairman, President & CEO



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**DENNIS HANLON** 

PO BOX 9866 NAPLES, FL 34101 December 26, 2019

Request Type: Certificate of Existence/Authorization

Request #:

0343949

Issuance Date: 12/26/2019

Copies Requested:

\$20.00

**Document Receipt** 

Receipt #: 005163542

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3771993728

Regarding:

Soluria II, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 04/12/2017

Status:

Active

**Duration Term:** 

Perpetual

Business County: HAMILTON COUNTY

Control #:

Date Formed: 📯 04/12/2017

Formation Localé: TENNÉSSE Inactive Date:

Verification #: 037049026

## 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

### Soluria II, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, 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