

F22000007157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

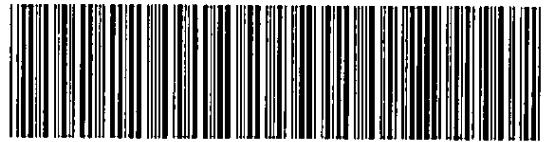
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/22--01034--006 **78.75

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2022 OCT 31 PM 2:36
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NOV 22 2022



5716 Corsa Ave Suite 110
Westlake Village, CA 91362

Phone: (818) 264-4266
Toll-Free: (888) 366-9552
Fax: (877) 366-9552
www.DoMyLLC.com

October 25, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Application by Foreign Corporation and filing fee for Solutions-II, Inc.

Check #: 2739

Check Amount: \$78.75

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC
Attn: Processing
5716 Corsa Ave. Suite 110
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing
Processing@domyllc.com
www.DoMyLLC.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions-II, 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:

Steven Pickett

Name of Person

DoMyLLC.com, LLC

Firm/Company

5716 Corsa Ave. - Suite 110

Address

Westlake Village, CA 91362-7354

City/State and Zip code

processing@domylc.com

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

For further information concerning this matter, please call:

Steven Pickett	on behalf of	DoMyLLC.com, LLC	at	888-366-9552
_____ Name of Person			Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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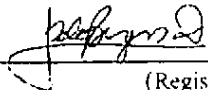
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Solutions-II, 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. Colorado 3. 84-1279255
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/23/1994 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8822 S Ridgeline Blvd #117, Littleton, CO 80129
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: InCorp Services, Inc.
- Office Address: 17888 67th Court North
- Loxahatchee , Florida 33470
(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) Isabel Burgos on behalf of Incorp Services, Inc.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: William Bowling
☐ Vice Chairman Address: _____
☒ Director 8822 S Ridgeline Blvd #117
☒ President Littleton, CO 80129
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☒ Other CFO

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

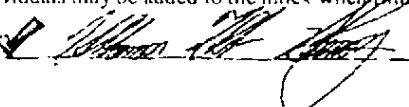
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Stone
☐ Vice Chairman Address: _____
☒ Director 8822 S Ridgeline Blvd #117
☐ President Littleton, CO 80129
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SOLUTIONS-II, INC.

is a

Corporation

formed or registered on 08/23/1994 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19941094871 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/24/2022 that have been posted, and by documents delivered to this office electronically through 10/25/2022 @ 13:33:51 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/25/2022 @ 13:33:51 in accordance with applicable law. This certificate is assigned Confirmation Number 14414670 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate