To: Qualification/Tax Lien Section Division of Corporations (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", 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: 600002991436---09/20/99--01118--006 ******70.00 ******70.0 DoLORES RIWERA (Name of Person) GROWTH SOLUTIONS, (Firm/Company) Should you need to call someone concerning this matter, please call: AIVERA at (847) 932-7903 (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. -P.O. Box 6327 Tallahassee, FL 32399 -Tallahassee, FL 32314 Enclosed is a check for the following amount: ▶ \$70.00 Filing Fee □ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Katherine Harris

atherine Harris Secretary of State

September 23, 1999

DOLORES RIVERA GROWTH SOLUTIONS, INC. 13001 SUMMERLAKE WAY CLERMONT, FL 34711

SUBJECT: GROWTH SOLUTIONS, INC.

Ref. Number: W99000021961

called 10/14She'll re-sent
rather than have me
re-mail original

We have received your document for GROWTH 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 999A00046604

10/14/99 ATTN: Lee Keiners (Tlease address) registration Letter Do suy name Co Showth Solutions address is correct. More you 847-922-1903 407-654-3137

Resent 10/14/99

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, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. TLLINOIS
3. 36-4267146

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 1-7-99 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 7. 13001 SUMMERLAKE LÜAY

CLERMONT FL 34711

(Current mailing address) 8. MANAGEMENT BUSINESS CONSULTANTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Dolores Rivera Name: DOLORES KIVERA

Office Address: 13001 SummER LAKE LUAY

CLERMONT Florida, 34711

(Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept scrvice 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.

11. 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.

(Registered agent's signature)

	ORS (Street address only - P.O. Box NOT acceptable)	
	DOLORES M. RIVERA	
Address:	SAME AS BELOW.	
	an:	
Director		
Address:	·	
Address:		
B. OFFICI	ERS (Street address only - P.O. Box NOT acceptable)	
	DOLORES M. RIVERA	
riesident.	12001 Sugar of a Ha 10014	· · · · · · · · · · · · · · · · · · ·
Address:	CLERMONT, FL 34711	
	it:	
Address:		7 SE 90 1
		50.01
Secretary:	DOLORES M. RIVERA	(1)
Address:	SAME AS ABOVE	SEE P. D
_		3: 59 S FAIT LORNIN
Treasurer:	DOLORES M. RIVERA	
Address:		
NOTE: If a	ecessary, you may attach an addendum to the application listing additional offi	ages and large tractures
13	oloses Marie application listing additional of the	Cors and/ordirectors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12	
14	DOLORES M. RIVERA, SECRE	
	(Typed or printed name and capacity of person signing a	pplicati (n)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

In Testimony Whereof, The set of the set of



my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ 2ND day of _____ SEPTEMBER A.D. _____ 1999 .

Desse White