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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: JT SOLUTIONS, LLC				_	
(Name of Limited Liability Company)					
Florida," Certificate of	eation by Foreign Limited Lial of Existence, and check are suransact business in Florida				
Please return all corre	espondence concerning this m	atter to the follo	owing:		
JULIE HANCOCK					
	(Name of Person)				
LAW	LAW OFFICES OF MICHAEL LAPAT				
	(Fir	m/Company)			
3300 UNIVERSITY DRIVE, SUITE 311					
		(Address)			
CORAL SPRINGS FL 33065					
	(City/Sta	ate and Zip Cod	e)		
For further information	on concerning this matter, plea	ase call:			
JULIE HA	NCOCK	at ( 954	345-6442		
- <del>-</del>	(Name of Person)	(Area Code	e & Daytime Telepho	one Number)	
MAILING A Division of C P.O. Box 632 Tallahassee, f	orporations 7	STREET AD Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	orporations ng ve Center Circle		
Enclosed is a check f	or the following amount: g Fee \$\int\\$130.00 Filing Fee & Certificate of	▼\$155.00 Fili Status Ce		Filing Fee, Certificate of Status & Certified Copy	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2008

JULIE HANCOCK LAW OFFICES OF MICHAEL LAPAT 3300 UNIVERSITY DRIVE, STE. 311 CORAL SPRINGS, FL 33065

SUBJECT: JT SOLUTIONS, LLC Ref. Number: W08000022293

We have received your document for JT SOLUTIONS, LLC and your check(s) totaling \$1362.50. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 008A00027921

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	JT SOLUTIONS MANAGEMENT, LLC			
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"  The Sution of Foreign Limited Liability Company," "L.L.C.,"	or "LLC	.")	-
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta- sent of the managers or managing members adopting the alternate name. The alternate name must include apany," "L.L.C.," "LLC.")	ch a cop e "Limite	y of the ed Liabi	written lity
(J	DELAWARE  urisdiction under the law of which foreign limited liability opponis organized)  3. 42-1757976  (FEI number, if applicable opponished)	e)		-
4. <u>(</u>	O3-06-2008 (Date of Organization)  5. 12-31-2051 (Duration: Year limited liability comparexist or "perpetual")	ny will c	ease to	_
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  2296 WESTMINSTER TERRACE			-
	OVIEDO FL 32765  (Street Address of Principal Office)			-
9. 7	If limited liability company is a manager-managed company, check here 🗸  The name and usual business addresses of the managing members or managers are as fo  JEFFREY TOFT	llows:		
	2296 WESTMINSTER TERRACE			-
10. z the ju	OVIEDO FL 32765  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having distribution under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forestation of the certificate under eath of the translator must be submitted.)			cords in
	Nature of business or purposes to be conducted or promoted in Florida:  MANAGER OF A PRIVATE INVESTMENT COMPANY	4		-
_	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)	SEGRETARY OF STATALLAHASSEE, FLOR	2008 HAY I♥ PH 4:	FILED

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  JT SOLUTIONS MANAGEMENT, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
JEFFREY TOFT (Name)	
2296 WESTMINSTER TERRACE  Florida Street Address (P.O. Box NOT ACCEPTABLE)	
OVIEDO FL 32765  FL  City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

JEFFREY TOFT, MANAGER

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we	e are the Managers and/or Managing
Members of JT SOLUTIONS. LL. (Name of Limited L	C iability Company)
a limited liability company duly organized and	d existing under the laws of
DELAWARE (State or Country of Organization)	·
Because the name of this foreign limited liabil	lity company does not satisfy the
requirements of the s. 608.406, F.S., the limits	ed liability company hereby adopts the
following name to transact business in the stat	e of Florida:
JT SOLUTIONS MANAGEMENT. L. (Name to be used by limited liability company in Florida. No Company, L.L.C., or L.L.C.)	LC OTE: Name must end with Limited Liability
Date:05-09-08	
Signature(s) of Manager(s) and/or Managing !	Member(s):
	. Aco
	CHA.

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## The First State

Delaware

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JT SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2008.

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Variet Smith Windsor, Secretary of State

AUTHENTICATION: 6536922

DATE: 04 21-08