

108000004010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

108000039787

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 03 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions Management LLC / Solutions MGT, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ALAN KUATT
(Name of Person)

Solutions MGT, LLC
(Firm/Company)

9611 North US HWY 7, Ste 300
(Address)

Sebastian FL 32958
(City/State and Zip Code)

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For further information concerning this matter, please call:

ALAN KUATT at (772) 205-5616
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Already paid, needed to correct name issue.
Ref: W08000039787



Solutions Management, LLC
Alan Kuatt
9611 North US HWY 1, Ste 302
Sebastian, FL 32958

Aug 29, 2008

Florida Dept of State
Division of Corporations
Attn: Deborah Bruce
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Bruce:

Please find enclosed the amended paperwork to register our LLC here in Florida. I have looked online to verify name availability and the new name for use in Florida has been chosen as it is distinguishable and should satisfy the state requirements.

The Ref Number for this file is W08000039787. Thank you for your assistance.

Sincerely,

Alan Kuatt
Manager
Solutions Management, LLC
Solutions MGT, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2008

ALAN KUATT
9611 N. US HIGHWAY 1, STE 302
SEBASTIAN, FL 32958

SUBJECT: SOLUTIONS MANAGEMENT, LLC / SOLUTIONS MANAGEMENT
FL, LLC
Ref. Number: W08000039787

We have received your document for SOLUTIONS MANAGEMENT, LLC / SOLUTIONS MANAGEMENT FL, LLC and your check(s) totaling \$130.00. 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. 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 of the 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) 245-6984.

Deborah Bruce

SECTION OF
FILING
INVESTMENT
OFFICE

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Regulatory Specialist II

Letter Number: 108A00047517

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. Solutions Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Solutions MGT, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Wyoming 3. 01-0909770
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6-20-08 5. 2038
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9611 North US HWY 1, Ste #302
Sebastian, FL 32958
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

ALAN KUATT

9611 North US HWY 1, Ste #302

Sebastian, FL 32958

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate
Holdings and Management

Alan Kuatt
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.)

ALAN KUATT

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

Solutions Management, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Solutions MGT, LLC

2. The name and the Florida street address of the registered agent and office are:

ALAN KUATT

(Name)

9611 North US HWY 1, Ste 302

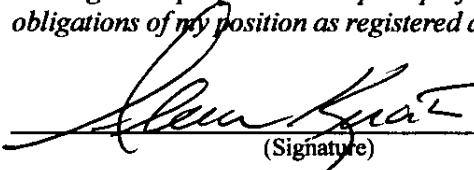
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Sebastian FL 32958

/City/State/Zip

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08 SEP -2 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature)

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

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

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Solutions Management, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Wyoming
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Solutions MGT, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 8-29-08

Signature(s) of Manager(s) and/or Managing Member(s):

Alan Kral, MGR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Solutions Management, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 18, 2008**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2008-000556638**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of August, 2008 at 8:55 AM. This certificate is assigned 003519317.




Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA