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J. BRYAN

NOV -4 2008

EXAMINER

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Kudzu Solutions, LLC (Name of Lin	nited Liability Company)	
Floric		ability Company for Authorization to Transact ubmitted to register the above referenced foreign	
Please	e return all correspondence concerning this r	natter to the following:	
	Stephen G Connett		
	(Na	ame of Person)	
	Stephen G Connett CPA F	PA	8
	(Fi	rm/Company)	2 36
	604 E. Morgan St		OB NOV -3 PH 3: 28
		(Address)	ပူ ရှိ
	Brandon, FL 33510		28.
	(City/S	tate and Zip Code)	
For fi	orther information concerning this matter, plo	ease call:	
	Stephen G Connett	at ( 813 ) 651-0406	_
	(Name of Person)	(Area Code & Daytime Telephone Numb	er)
	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	
Enclo	sed is a check for the following amount:		Certificate Certified Copy

### •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:

(Name of Foreign Limited Lial	pility Company; must include "Limited Liability Company," "L.L.C.," or "LLC	<u> </u>
	ame adopted for the purpose of transacting business in Florida and attach a conmembers adopting the alternate name. The alternate name must include "Limit	
<sub></sub> Alabama	<sub>3.</sub> 20-0343711	
(Jurisdiction under the law of which company is organized)	n foreign limited liability (FEI number, if applicable)	·
10/28/2003	<sub>5.</sub> Perpetual	
(Date of Organization	(Duration: Year limited liability company will exist or "perpetual")	ease to
September 4, 2008		
(Date firs (See section	t transacted business in Florida, if prior to registration.) ns 608.501 & 608.502 F.S. to determine penalty liability)	ALON 80
2121 Golden Oak La	ne	<u> </u>
Valrico, FL 33594	·	-3 0f ce
	(Street Address of Principal Office)	<b>P</b> 3
. If limited liability company i	s a manager-managed company, check here 🗹	-3 PM 3: 28
. The name and usual business	s addresses of the managing members or managers are as follows:	တ
Kenneth Spearman	5140 Stonehaven Dr., Birmingham, AL 35244	
Doyal Logan	2121 Golden Oak Ln., Valrico, FL 33594	
· 		
_	existence, no more than 90 days old, duly authenticated by the official having custo t is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang of the translator must be submitted.)	•
1. Nature of business or purpo	ses to be conducted or promoted in Florida: Information tech	nology
consulting		
	Descr	
Ciamatum	of a member or an authorized representative of a member.	

Typed or printed name of signee

Kenneth Spearman

#### 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:	
Kudzu Solutions, 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:	AON 80 HOISINE
Stephen G Connett	7 E
(Name)	ن الله الله الله الله الله الله الله الل
604 E. Morgan St  Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE REPORTATIONS PM 3: 28
Brandon, FL 33510 FL City/State/Zip	11.

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.

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

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Kudzu Solutions, LLC organized in the office of the Judge of Probate of Shelby County on October 28, 2003. I further certify that the records do not disclose that said Kudzu Solutions, LLC has been dissolved.

OR NOV -3 PM 3: 28



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

October 2, 2008

Date

Beth Chapman

Beth Chapman

Secretary of State