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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

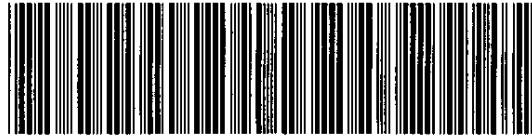
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 19 AM 10:01

T. HAMPTON

MAY 20 2009

EXAMINER

87442-6000

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE TRAINING CONSORTIUM, 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:

KATHLEEN SWITZER  
(Name of Person)

THE TRAINING CONSORTIUM, LLC  
(Firm/Company)

2544 E. UNIVERSITY DR  
(Address)

PHOENIX / AZ 85034  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN SWITZER at ( 602 ) 797-2710  
(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



THE  
TRAINING  
CONSORTIUM

May 15, 2009

RE: Reference Number W09000021148

ATTN: Tammy Hampton

Hello Tammy,

Per the request received, I have added the names of the partners for our company, The Training Consortium LLC, to the enclosed form.

I want to ensure that I am not misunderstanding the request received.

The partners ("managing members") listed are not in the state of Florida.

The only physical presence we have in Florida is the Registered Agent requested by the Division of Corporations.

Thank you for your time,

Kathleen Switzer  
Director of Operations  
The Training Consortium LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 MAY 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 5, 2009

KATHLEEN SWITZER  
THE TRAINING CONSORTIUM LLC  
2544 E UNIVERSITY DR  
PHOENIX, AZ 85034

SUBJECT: THE TRAINING CONSORTIUM LLC  
Ref. Number: W09000021148

We have received your document for THE TRAINING CONSORTIUM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00015165

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. THE TRAINING CONSORTIUM, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Washington State 3. 20-2879214  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2005 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 02-24-2009  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2544 E UNIVERSITY DR  
PHOENIX AZ 85034  
(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:

MGRM ROB DOTY 2544 E UNIVERSITY DR PHOENIX AZ 85034

MGRM ROBERT JOHNSON 2544 E UNIVERSITY DR PHOENIX AZ 85034

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: Corporate training  
Services

ROBERT JOHNSON MEMBER  
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.)  
ROBERT JOHNSON  
Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 19 AM 10:01

**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:

THE TRAINING CONSORTIUM 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:

DENNIS LAUGHLIN  
(Name)

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

LUTZ FL 33548  
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.*

  
(Signature)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 19 AM 10:01

UNITED STATES OF AMERICA

The State of  Washington  
Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby  
issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**THE TRAINING CONSORTIUM LLC**

**I FURTHER CERTIFY** that the records on file in this office show that the above named  
Limited Liability Company was formed under the laws of the State of WA and was issued a  
Certificate Of Formation in Washington on 5/17/2005.

**I FURTHER CERTIFY** that as of the date of this certificate, THE TRAINING CONSORTIUM  
LLC remains active and has complied with the filing requirements of this office.

Date: April 21, 2009

UBI: 602-504-224



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State