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Division of Corporations

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From:

Account Name

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FLORIDA/FOREIGN LIMITED LIABILITY CO

Kit Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	045
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C. LEWIS

1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2009

C T CORPORATION SYSTEM

SUBJECT: KIT SOLUTIONS, LLC

REF: W09000039157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

Registration/Qualification Section

FAX Aud. #: H09000191553 Letter Number: 209A00029123

RECEIVED.

9 AUG 31 PM 3: 36
SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

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 RUSINESS. IN THE STATE OF FLORIDA:

f name unavailable, enter alternate name adopted for the purpose of transacting business in Plorida and attach a copy of the writteness of the managers or managing members adopting the ulternate name. The alternate name must include "Limited Liability ompany," "L.L.C." "LLC." Company, "L.L.C." "LLC." Company is organized on the law of which foreign limited liability of the law of the law of which foreign limited liability of the law o		ABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA: <	
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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	f the Limited Liability Compar	ny is:			
	KIT Soluti	me, U	<u>C</u>		
If unavailable,	the alternate to be used in the	state of Florida	ı is:	,	
2. The name ar	nd the Florida street address of	f the registered	l agent and office	are:	
	C T Corporation System (Name)				
•					
	1200 S. Pine Island Rd.				
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	FL	33324		
	·	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.

SPECIAL ASSISTANT SECRETARY

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 28, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KIT SOLUTIONS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8275695-1 Verify this certificate online at http://www.corporations.stato.pa.us/corp/soskb/verify.asp