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SECRETARY OF STATE

D. BRUCE

JAN 13 2010

EXAMINER

COVER LETTER

	on Section of Corporations		
SUBJECT:	R2 Consulting, L	LC	
		ne of Limited Liability Company	
		oility Company for Authorization to Transact Business in Florida," Certif bove referenced foreign limited liability company to transact business in	
Please return all con	rrespondence concerning this ma	atter to the following:	
	Ric	ck Morris	
		Name of Person	
_	<u>K</u>	2 (on sulting, LLC Es	7
		Firm/Company	₹ 7
		749 Valan Dr. 85	12
		Address	日、伊
_	•	hower, A 35224 SE	₩ 2
	,	City/State and Zip Code	-
	E-mail address. (t	1 Stman @ v Squared Carsulting - a to be used for future amount report notification)	m
For further informa	tion concerning this matter, pleas		
	Greg Influen Name of Person	at (U7) 450 - 9958 Area Code & Daytime Telephone Number	
	G ADDRESS: f Corporations	STREET ADDRESS: Division of Corporations	
Registratio	on Section	Registration Section	
P.O. Box 6 Tallahasse	6327 c, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a che	eck for the following amou	nt:	
	_	√	_
\$125.00	Filing Fee \$130.00 Filing Certificate of		

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: gn 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.") (Jurisdiction under the law of which foreign limited liability company is organized) ear limited liability company will cease to (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) (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: 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: Training Services, education, professional Services, Muect 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.) Typed or printed name of signee

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 R2 Consulting, LLC		
(Name of Limited Liability Company)	I	
a limited liability company duly organized and existing under the laws of		
(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: Squared Consulting, LLC. (Name to be used by limited liability company in Florida. NoTE: Name must end with Limited Liability		
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)	· }	
Date: 12/09/09	O JA	
Signature(s) of Manager(s) and/or Managing Member(s):	N 12	
Mich Monis	A	m
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DET OA	9	

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:		
RZ Consulting, LLC	·. •	
If unavailable, the alternate to be used in the state of Florida is:		
B Squared Consulting, LLC.		
2. The name and the Florida street address of the registered agent and office are:		
Fn Corp Services, Fnc.	10 JAN SECRETA TALLAHA	فنلت
17888 672 Court North	12 SSFF SSFF	F
Florida Street Address (P.O. Box NOT ACCEPTABLE)	n ₩ 🗲	111
Loxahatchec FL 33470	AN H: 29	O

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.

anice Jull on behalf of Incorp Services, Inc. (Signature)

\$ 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 R2 Consulting, LLC organized in the office of the Judge of Probate of Jefferson County on February 3, 2009. I further certify that the records do not disclose that said R2 Consulting, LLC has been dissolved.



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.

December 3, 2009

Date

Beth Chapman

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