Claudine Beron Instigate Solutions (Requestor's Name)			
1378 Nortwale Blvd #258 (Address)			
Norm Palm Beach FL 3340B			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



500196742535

03/04/11--01031--007 **160.00

Office Use Only

J. SAULSBERRY EXAMINER MAR 1 8 2011

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: Initiate Sol	utions, LLC		
	Name of Limited Liability Company		
	Foreign Limited Liability Company for Authorization to Transact Business in Flotted to register the above referenced foreign limited liability company to transact		
Please return all correspondence	e concerning this matter to the following:		
Claudine I	3eron		
•	Name of Person		
Initiate Sol	utions		
	Firm/Company		
378 North	lake Blvd #258		
	Address	201	
North Paln	n Beach, FL 33408	2011 HAR 17	বা
	City/State and Zip Code		F
claudine.	beron@initiatesolutions.com ູ່ຕຸ	PH 4: 1	T
		**	أومسينا
For further information concern	ing this matter, please call:	F: I	
Claudine Beror			
Nam	e of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS Division of Corporatio			
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	Tallahassee, FL 32301		
Enclosed is a check for the \$125.00 Filing Fee	c following amount: \$\int\\$130.00\text{ Filing Fee & }\text{Certified Copy}\$\$160.00\text{ Filing Fee, Certified Copy}\$\$ Certificate of Status & 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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Initiate Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Elability Company; must include Limited Elability Company, E.E.C., or EEC.)
(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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 43504-67 (FEI number, if applicable)
4. May 11, 2007 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/1/2010
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) No principal offices 378 Northiala, Blvd #268
·
(Street Address of Bringing) Office)
8. If limited liability company is a manager-managed company, check here 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:
Claudine Beron - 378 Northlake Blvd #258 North Palm Beach FL 33408
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: proposal and
capture service to companies pursuing state and government contracts
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Claudine Beron

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:		
Initiate Solutions, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
Initiate Solutions, L.L.C.		_
2. The name and the Florida street address of the registered agent and office are:		**
Claudine Beron	20 1A1	
(Name)	2011 MAR 17 SECRETARY CALLAHASSE	an:
378 Northlake Blvd #258		F
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 4:	
North Palm Beach FL 33408	_5m	Section 2
City/State/Zip	D	

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INITIATE SOLUTIONS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INITIATE SOLUTIONS LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2007.

4350467 8300

110244914

AUTHENTY CATION: 8592288

DATE: 03-01-11

You may verify this certificate online at corp.delaware.gov/authver.shtml