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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Fraud Solutions, LLC		
	Nam	ne of Limited Liability Company	
		ility Company for Authorization to Transact Busi pove referenced foreign limited liability company	
Please	return all correspondence concerning this ma	tter to the following:	
	Stephen M. Nelder		
		Name of Person	
	Fraud Solutions, LLC		
		Firm/Company	
	207 Melody Drive		2011 APR 11
		Address	10 mm
	Akron, OH 44321		PR 15
		City/State and Zip Code	
	snelder@fraudsolutior	nslic.com	RES F C
	E-mail address: (to	o be used for future annual report notification)	
For fur	ther information concerning this matter, pleas	se call:	
	Stephen Nelder	at (330) 571-2527	
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	sed is a check for the following amounts \$125.00 Filing Fee \$130.00 Filing Fe Certificate of Stat	e & \$155.00 Filing Fee & \$160.00 Fili	ng Fee, 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 RUSINESS. IN THE STATE OF FLORIDA:

1. Fraud Solutions, 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 wire consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Chapter 1075 Ohio Revised Code (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-2416270 (FEI number, if applicable)	
4. February 5, 2010 (Date of Organization) 5. Perpetuity unless sooner disolved (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	**************************************
7. 207 Melody Drive Akron, OH 44321	1]
	Den.
(Street Address of Principal Office)	T
8. If limited liability company is a manager-managed company, check here	g, al [*]
9. The name and usual business addresses of the managing members or managers are as follows:	
Stephen M. Nelder	
207 Melody Drive	
Akron, OH 44321	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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.)	rds in
11. Nature of business or purposes to be conducted or promoted in Florida:	
To provide fraud and forensic accounting services.	
s.m. nelder	
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.)

Stephen M. Nelder

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:		
Fraud Solutions, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	2011 APR 15 SECREPARTALLAHASS	PM: (Special
Frank A. Barbieri, Jr.	APR 15	
(Name)	-35E	
6111 Broken Sound Parkway NW, Suite 200 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AH IS: 26 OF STATE E. FLORIDS	
Boca Raton, FL 33487 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.

Frank Q Barbiery (Signature)

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

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FRAUD SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1913655, was organized within the State of Ohio on February 05, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2011

Ohio Secretary of State

Validation Number: V201197A212F4