

M11000002638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

MAY 24 2011

EXAMINER

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05/23/11--01033--009 **125.00

FILED
11 MAY 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Orion State Licensing, Inc.

5/19/11

VIA OVERNIGHT DELIVER

FL Florida Department of State
Registration Section Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

Re: Leon Solution Services, LLC
FL Application for Authorization to transact business in Florida

Dear Sir or Madam,

Please find enclosed:

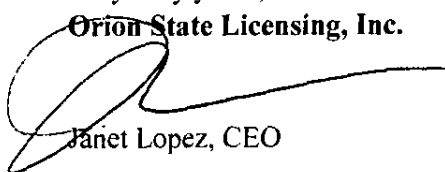
- 1) Above-referenced application 1 Original
- 2) Check made payable to: Florida Department of State; No Credit Cards
- 2a) Fee for Regular processing - \$ 125.00 (5-7 Bus. Days)
- 3) Home state Certificate of Good Standing dated within 90 days
- 4) Minutes of Special Meeting / Corporate Resolution using alternate name in Florida (if any) N/A

If you have any questions, please contact the undersigned.

***Please return the filed document to Orion State Licensing, Inc. Compliance at 155 N. Riverview Drive, Anaheim,
CA 92808.***

Very truly yours,

Orion State Licensing, Inc.



Janet Lopez, CEO

09-08-2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leon Solution Services, 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:

Janet Lopez

Name of Person

Orion State Licensing, Inc.

Firm/Company

155 N. Riverview Drive

Address

Anaheim, CA 92808

City/State and Zip Code

admin@LLDE.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Lopez at () (888) 315-0805

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 23 PM 12:52

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**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. Leon Solution Services, 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. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45 - 0700167

(FEI number, if applicable)

4. 03 - 15 - 2011

(Date of Organization)

5. perpetual

(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. 29399 US Highway 19 N, Suite 240

Clearwater

FL

33761

(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:

Stewart Phillips 29399 US Highway 19 N, Suite 240 Clearwater FL 33761

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: _____

Collection Activities



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 of the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s. 815.55, F.S.)

Stewart Phillips

Typed or printed name of signee

FILED
11 MAY 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Leon Solution Services, 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:

Incorp Services Inc.

(Name)

17888 67th Court North

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

Loxahatchee

FL

33470

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.

By Jennie Sedlack on behalf of Incorp Services, Inc.
(Signature) *Jennie Sedlack COO*

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

**STATE OF WYOMING * SECRETARY OF STATE
MAX MAXFIELD
BUSINESS DIVISION**

200 West 24th Street, Cheyenne, WY 82002-0200

Phone 307-777-7311 · Fax 307-777-5339

Website: <http://soswy.state.wy.us> · Email: business@wyo.gov

Certificate of Good Standing Validation

May 19, 2011

Certificate number 009903630 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office.

STATE OF WYOMING
Office of the Secretary of State

I MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Leon Solution Services, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 15, 2011**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2011-000598617**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of May, 2011 at 10:39 AM. This certificate is assigned 009903630.



Max Maxfield
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.