# 08/01/201

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(((H110001436103)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 : (215)563-8113 Phone Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for R annual report mailings. Enter only one email address please. \*

Email Address:

Foreign Limited Liability Company

**∞**SIGNATURE CONSULTING SOLUTIONS LEASING, LLC

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J. SAULSBERRY EXAMINER

JUN 2 2011

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### 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 BI SINESS, IN THE STATE OF FLORIDA:

LIMITED LIABILIT	TY COMPANY TO TRANSACT BU	SINESS IN THE SI	PATE OF FLORIDA:		-
1			DLUTIONS LEASING, LLC		
(Name of	Foreign Limited Liability Comp	any; must include	"Limited Liability Company," "L.I	L.C., or "LLC.")	
70		1.0			•
(If name unavailations of the market	ble, enter afternate name adopte nagers or managing members ac	d for the purpose dopting the alterna	of transacting business in Florida ar ate name. The alternate name must i	nd attach a copy of the w noluce "Limited Liabilit"	Titten Y
Company," "L.L.					•
2. Delaware		. 3.			
company is org		nited liability	( FEI number, if app	licable)	
4.	March 25, 2011 (Date of Organization)	<b>5</b> .	Perpetual		
	(Date of Organization)	<del></del>	(Duration: Year limited liability c exist or "perpetual")	ompany will cease to	
6.		Upon Qualif	ication		diam.
•	(Date first transacted (See sections 608,501	business in Floric & 608.502 F.S. to	la, if prior to registration.) determine penalty liability)	JUN - I	
7	747 Dresher	Road, Suite 1	00, Horsham, PA 19044		
				AF S	F
	(1)	Street Address of	Principal Office)		100
8. If limited lis	ability company is a manag	ger-managed co	ompany, check here	RIFA ORIBA	
9. The name a	nd usual business addresse	s of the manag	ing members or managers are	as follows:	
Linda Lyor		_	_		
				<del></del>	
<del></del>		<del></del>	<del></del>		
10 Anached is an	original certificate of existence and	more than 00 day	sold, duly authenticated by the offici	al having a retody of record	rde in
			not acceptable. If the certificate is in		.COM
translation of the ex	ertificate under oath of the translat	ormust be submitt	ed)		
II Name of b	usiness or purposes to be co	androstad or west	moted in Florida. To provide a	employee	
	insurance service-compa	-	doled in Figure .		
	mistration service cultipar			·	
•					
	(fit accordance with section	608.408(3), P.S., dad	zed representative of a member execution of this document constitutes the facts stated herein are true.)	, r	
	•		Robert Hill, Authorized Person	1	

Typed or printed name of signee

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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 the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:

#### SIGNATURE CONSULTING SOLUTIONS LEASING, LLC

The name and the Florida street address of the registered agent and office are:	
West Point Underwriters, LLC	2011 35E6
(Name)	- AND JUN
7785 66th Street	SSE -
Florida Street Address (P.O. Box NOT ACCEPTABLE)	型 · · · · · · · · · · · · · · · · · · ·
Pinellas Park <sub>FL</sub> 33781	07116 17116

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.

\$ 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 "SIGNATURE CONSULTING SOLUTIONS LEASING, 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 JUNE, A.D. 2011.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "SIGNATURE CONSULTING SOLUTIONS LEASING, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES NOT BEEN ASSESSED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

DATE: 06-01-11