

M11000003012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

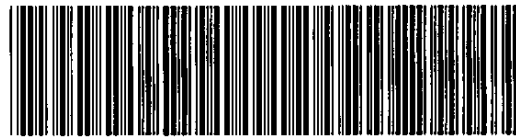
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. BRYAN

JUN 14 2011

EXAMINER

# GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L.  
1800 Second Street, Suite 901  
Sarasota, Florida 34236

Reply To:  
P. O. Box 49823  
Sarasota, FL 34230

**MICHAEL HRIC**  
*Attorney At Law*

Telephone: (941) 954-1359

Fax: (941) 953-2501

June 10, 2011

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

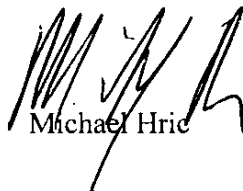
Re: Transaction Support Services, LLC

Dear Sir/Madam:

Enclosed please find Application By Foreign Limited Liability Company For Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office and Certificate of Existence from the State of Delaware along with check #1346 in the amount of \$155.00 for the above identified entity.

Please return the certified copy to the address above. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Michael Hric

MH/sam

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transaction Support 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:

Michael Hric, Esq.

*Name of Person*

Gibson, Kohl, Wolff & Hric, P.L.

*Firm/Company*

1800 2nd Street, Suite 901

*Address*

Sarasota, FL 34236

*City/State and Zip Code*

michaelhric@michaelhric.esq.net

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

For further information concerning this matter, please call:

Michael Hric

*Name of Person*

at 941

, 954-1359

*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

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TALLAHASSEE, FLORIDA

**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. Transaction Support 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. Delaware**

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

**3. 45-2297961**

(PEI number, if applicable)

**4. May 11, 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. Vista Commerce Center**

**3449 Technology Drive, Suite #306, North Venice, FL 34275**

(Street Address of Principal Office)

**8. If limited liability company is a manager-managed company, check here ☒**

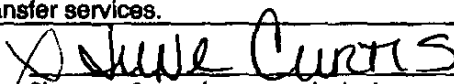
**9. The name and usual business addresses of the managing members or managers are as follows:**

**June Curtis Vista Commerce Center, 3449 Technology Drive, Suite #306,**

**North Venice, FL 34275**

**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: Transaction closing  
and funds transfer services.**



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.)

**June Curtis**

Typed or printed name of signee

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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:

Transaction Support 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:

June Curtis

(Name)

Vista Commerce Center, 3449 Technology Dr., Suite 306

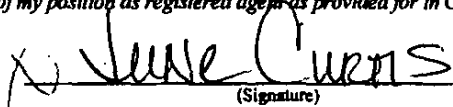
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

North Venice

FL 34275

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.*

  
(Signature)

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

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TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSACTION SUPPORT SERVICES, 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 SEVENTEENTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSACTION SUPPORT SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2011.

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

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TALLAHASSEE, FLORIDA

4981048 8300

110564741

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8768492

DATE: 05-17-11