# m11000004139

(Req	uestor's Name	)
(Addı	ress)	
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(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number	)
Certified Copies	Certificate	s of Status
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B. BOSTICK
AUG 18 2011
EXAMINER

#### **COVER LETTER**-

TO:	Registration Section Division of Corporations		
SUBJEC	CT: Federal Specialty Solu	utions LLC	_
		me of Limited Liability Company	
The encl Existence	losed "Application by Foreign Limited Lia e, and check are submitted to register the	bility Company for Authorization to Transact Business in above referenced foreign limited liability company to trans	n Florida," Certificate of usact business in Florida
Please re	eturn all correspondence concerning this m	natter to the following:	
	Edward Rodriguez		
		Name of Person	
	Federal Specialty Solution	ns LLC	
		Firm/Company	<del></del>
	5104 Stonehurst Road		
		Address	
	Tampa, Florida 33647		
		City/State and Zip Code	4
	ed@fedspec.us		ALES =
	E-mail address:	(to be used for future annual report notification)	THE RET
For furth	ner information concerning this matter, ple	ase call:	AUG 17
	Ed Rodriguez	at (813 ) 631-9852	H AUG 17 AH II: 50 EUKLASSEEL FLORID
	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	II: 50 FIATE LORIDA
		Tallahassee, FL 32301	
	ed is a check for the following amo \$125.00 Filing Fee \$130.00 Filing F Certificate of St	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee	

#### 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 BUSINESS IN THE STATE OF FLORIDA:

1. Federal Specialty Solutions LLC.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Federal Specialty Solutions of Florida LLC.	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I Company," "L.L.C," "LLC.")	
2. Maryland 3. 37-1512414	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 07/06/2005 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will ceas exist or "perpetual")	e to
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5104 Stonehurst Road	
Tampa, FI 33647	
(Street Address of Principal Office)	7
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:	50
Edward Rodriguez, 5104 Stonehurst Rd, Tampa Fl 33647	
Philip Reyes, 8100 Whites Cove Rd, Pasadena MD, 21122	<del></del>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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: Sales, design, installat	ion_
engineering and service of audiovisual equipment.	·
Edward M Chlowing	
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	

Typed or printed name of signee

**Edward M Rodriguez** 

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### 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 Co	ompany is:		
Federal Specialty Solutions	LLC.		_
If unavailable, the alternate to be used in	the state of Florida is:		
Federal Specialty Solutions	of Florida LLC.		
2. The name and the Florida street addre	ess of the registered agent and office are:		•
Edward M Rodriguez	:		
- 1/2	(Name)	•	
5104 Stonehurst R	d	₩.	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	11 A	
Татра	<sub>FL</sub> 33647	AUG 17	11-12-17-1 2 
	City/State/Zip	m-	3 1
liability company at the place designated a agent and agree to act in this capacity. I j relating to the proper and complete perfor	nd to accept service of process for the above stain this certificate, I hereby accept the appointm further agree to comply with the provisions of a rmance of my duties, and I am familiar with an agent as provided for in Chapter 608, Florida Standard Company of the standard of the stand	nenPas registe all statutes ad accept the	red

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

5.00

\$ 25.00 Designation of Registered Agent

**Certificate of Status (optional)** 

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT FEDERAL SPECIALTY SOLUTIONS, LLC FILED ITS ARTICLES OF ORGANIZATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON JULY 06, 2005.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 11, 2011.

SEUGLAMASSEE, FLORIDA

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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