Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000005680 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA00000001 : (305)854-6000 Phone Fax Number : (305)860-2076

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

Email Address:

Foreign Limited Liability Company CREATIVE BIZ SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

B. BOSTICK

JAN - 9 2013

Help

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

of 1

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. CREATIVE BIZ SOLUTIONS LLC (Name of Foreign Climited 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. 46-1621431 (FEI number, if applicable)
4. 12/19/2012 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 109 Brent Circle
Oldsmar, Florida 34677 (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 -
Solutions Online Inc 109 Brent Circle, Oldsmar, FL 34677
5H -
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 cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any legal business
or activity permitted under the laws of the State of Florida and the United States,
Signature of a member or an authorized representative of a member. (In accordance with section 608.498(3) F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stored herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.) Jesse Myers, Member
Typed or printed name of signer

H130000056803

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.

	e of the Limited Liabilit	•	•			
	le, the alternate to be us					
2. The name	e and the Florida street	address (of the registered agent and office	ere:		
	SPIEGEL & U	TRER		\$c	بب	
			(Name)	LLAH	13 JAN -8 AM	48
	<u>1840 SW 22r</u>	<u>ıd Str</u>	eet, 4th Floor	AS	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Florida S	itreet Add	ress (P.O. Box NOT ACCEPTABLE)	10 X	8 AM	Ţ
	Miami		_{FL} 33145	巴马	ന	•
,			City/State/Zip	ORIDA	8:27	
liability compagent and agrelating to the	pany at the place design gree to act in this capacit se proper and complete p of my position as register	ated in the ty. I furth performan red agent	o accept service of process for the chis certificate, I hereby accept the aher agree to comply with the provisance of my duties, and I am familiar as provided for in Chapter 608, Familiar	appointment as re sions of all statute with and accept	gisterea es	ľ
	\$		Filing Fee for Application	nt .		
		30.00	24 1 2			
	\$	5.00	Certificate of Status (optional)			

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "CREATIVE BIZ SOLUTIONS 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2012.

DATE: 12-28-12