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.

(((H13000138318 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 : INCORPORATING SERVICES FL

Account Number: 120050000052 Phone : (302)531-0855

Fax Number

: (850)656-7953

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

Foreign Limited Liability Company FIRST NATIONLE SOLUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$763.75

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER

JUN 1 9 2013

APPLICATION BY POREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE WITH SECTION GRS03, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBERTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FIRST NATIONLE				~~~
(Name of Polesky Funited)	Liability Company; must inclus	в "Limneo Liabiiny Com	any," "L.L.C.," of "LU	ur)
If theme unavailable, enter alternate consent of the managers or managi company," "L.L.C," "LLC.")	e name adopted for the purpos ag members adopting the alter	e of transacting business in nate name. The alternate n	Florids and strack a co time must include "Limi	py of the written ted Liability
MICHIGAN	3			
(Jurisdiction under the law of wi- company is organized)	uch foreign haited liability	(FBI numb	er, if applicable)	
10/19/2009		Perpetual	7	S E
(Date of Organiz	(aoite	(Duration: Year limited exist or "perpetual")	liability company will	CALLED ON
July 1, 2012				SSE S
(Date	tions 608,501 & 608,502 P.S.	rida, if prior to registration to determine penalty liabili	(W)	700
36 WEST MAIN ST	REET, SUITE 600	, ROCHESTER,	NEW YORK 1	14614
Attention: Perry Sar	ntillo, President			
	(Street Address o	(Principal Utilice)		
l. If limited liability compan	y is a manager-managed	company, check here	2	
). The name and usual busin	ess addresses of the mana	ging members or mana	igers are as follows:	:
Perry Santillo, 36 V	Vest Main Street. S	uite 600. Roches	ter. NY 14614	
		····		
<u></u>				
0. Attached is an original certificate				
he jurisdiction under the law of which consistion of the certificate under ou			ficato is in a fincigniting	hade's
1. Nature of business or pur		•	o Engage in any activi	tv within
the purposes for which a Lin		•		
nto purposes ignation a car	Q	Comment of the Co	miles capaily compr	ally CALL
	ire of a member or an aut			
. •	oction 602.408(3), P.S., the execu	•		£
ponalties of poriory	that the facts stated herein are true	I sen aware that any false	information submitted is	n s
	epertment of State constitutes (/ Santillo	a mira degree felony as pro	vided for in 1.817.155, i	P.\$.)
	, 			

Typed or printed name of signee

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: First Nationle Solution LLC			
If unavailable,	the alternate to be used in the	; state of Florida is:	
2. The name a	and the Florida street address	of the registered agent and office are:	
	Paracorp Incorp	porated	
		(Name)	
	236 East 6th Av	/enue	
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	_{FL} 32303	
		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.

SEE ATTACHED	
(Signature)	

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/14/2013

ENTITY NAME: FIRST NATIONLE SOLUTION LLC

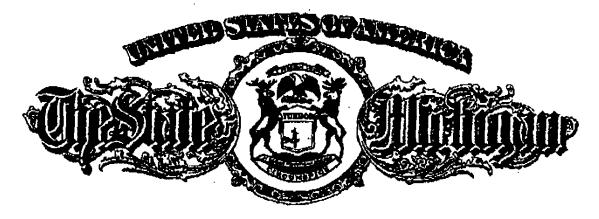
REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated

Winh for





This is to Certify That

FIRST NATIONLE SOLUTION LLC

was validly organized on October 19, 2009 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

Sent by Facsimile Transmission 1142763 In lestimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of June, 2013

0

Bureau of Commercial Services