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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJECT: Pembrook Solutions, LLC									
	Name of Limited Liability Company								
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:								
	Annette King								
	Name of Person								
Pembrook Solutions, LLC									
	Firm/Company								
504 Suwanee Circle									
	Address								
Tampa, FL 33606									
	City/State and Zip Code								
	annette.king@pembrooksolutions.com								
	E-mail address: (to be used for future annual report notification)								
For fur	ther information concerning this matter, please call:								
	Annette King 206 979-9076								
	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								
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301								
Enclo	sed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & } \sum \\$155.00 \text{ Filing Fee & } \sum \\$160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{ of Status & Certified Copy}								

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pembrook Solutions, LLC				- A 115	
(Name of Foreign Limited Liabil	lity Company; must include "I	Limited Liability Company," "L	.L.C.," or "LL	.C.")	
(If name unavailable, enter alternate nan consent of the managers or managing me Company," "L.L.C," "LLC.")					
2. Washington	J.	7-2262366			
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)					
4. February 1, 2014					
(Date first t (See sections	transacted business in Florida s 605.0904 & 605.0905, F.S. t	if prior to registration.) o determine penalty liability)			
5. 504 Suwanee Circle, Tamp	oa, FL 33606		Z	<u>-</u>	
	(Street Address of Pr	incipal Office)	- 	المستداد	- 3,1 G
6. 504 Suwanee Circle, Tampa	a, FL 33606		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	"57	
·	7. 7. 70. 7				`.
	(Mailing Ad	drass)	200	 သ သ	<u>,</u> ,,,
7. The name, title or capacity and Annette King, Member	d address of the person(s) who has/have authority t	o manage is	:/are:	
					<u> </u>
8. Attached is an original certificate of ex in the jurisdiction under the law of which translation of the certificate under oath of t	it is organized. (A photocopy the translator must be submitte Signature of an aut	is not acceptable. If the certificated.) horized person	e is in a foreign	ı langua	
penalties of perjury that the	he facts stated herein are true. I a timent of State constitutes a thi	f this document constitutes an affir m aware that any false informat rd degree felony as provided fo	ion submitted	in a	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Comp	pany is:		
Pembrook S	Solutions, LLC			
If unavailable	e, the alternate to be used in th	e state of Florida is:		
2. The name	and the Florida street address	of the registered agent and office	are:	_
	Annette King		2.5	
		(Name)	3 6 3	
	504 Suwanee Circle		and a second	;
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tampa	_{FL} 33606	777	
		City/State/Zip	: 23	

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 605, 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)



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF** PEMBROOK SOLUTIONS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/26/2010.

I FURTHER CERTIFY that as of the date of this certificate, PEMBROOK SOLUTIONS, LLC remains active and has complied with the filing requirements of this office.

Date: January 23, 2014

UBI: 603-004-461

CARL.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State