# M14000001165

(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS



#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Decision Alternat	ives,	LLC			
SUBJI	UI,		d Liability Company	/		—
	sclosed "Application by Foreign Limited Liab nce, and check are submitted to register the al					
Please	return all correspondence concerning this ma	atter to the	following:			
	Sarita Chauhan	)				
		Na	ame of Person			_
Decision Alternatives, LLC						<b>-</b> 9
	Firm/Company					
	10148 Mimosa Silk Drive				NOF B 18	
			Address			S CORPO
	Fort Myers, FL 33913				9. A.A.	
	ı	-	ate and Zip Code			26
	saritachauhan.d	lecisi	on@gm	ail.c	om	
	E-mail address:	(to be used	for future annual re	port notif	fication)	
For fur	ther information concerning this matter, plea-	se call:				
	Sarita Chauhan		484	,90	5-2183	
	Name of Contact Person		Area Code		Daytime Telephone Number	_
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Ci ssee, FL 32301	rcle		
Enclo	sed is a check for the following amou  \$\square\$ \$\square\$ \$125.00 Filing Fee \$\square\$ \$130.00 Filin  Certificate of	g Fee &	□ \$155.00 Filin	_	■ \$160.00 Filing Fee, of Status & Certifie	

Check# 326

### 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:

1. Decision Alternatives, 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. The alternate name mus Liability Company," "L.L.C," or "LLC.")	t include "	Limited
<sub>2.</sub> Delaware <sub>3.</sub>		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
March 1, 2014 (Tentative)		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		<u> </u>
5. 10148 Mimosa Silk Drive	17	SEC SEC
·	<del>- 63</del>	- <del>경</del> 문 - 유당 ~
Fort Myers, FL 33913  (Street Address of Principal Office)	8	
6. 10148 Mimosa Silk Drive	<b></b>	용유 무유
6. 10 140 Williosa Olik Brive	<u> </u>	
Fort Myers, FL 33913	26	SKS E
(Mailing Address)		<del></del>
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	
Sarita Chauhan, CEO		
10148 Mimosa Silk Drive		
Fort Myers, FL 33913		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocacceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the	opy is no	ot anslator

Sarita Chauhan

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.

	of the Limited Liability Cor	•		
Decisio	n Alternatives, L	LC		_
If unavailable	e, the alternate to be used in	the state of Florida is:		
2. The name	and the Florida street address	ss of the registered agent and office are:		_
	Sarita Chauha	ın	14 F	SIVIO
		(Name)	FEB	- 0.00 -
10148 Mimosa Silk Drive		œ <b>₂</b> >	ARY OF	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		AH 9:	F S FA	
	Fort Myers	FL 33913	26	TIONS
	<del> </del>	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 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)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DECISION ALTERNATIVES, 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 THIRD DAY OF FEBRUARY, A.D. 2014.

5002758 8300

140125718

AUTHEN:

AUTHENTY CATION: 1106927

DATE: 02-03-14

You may verify this certificate online at corp.delaware.gov/authver.shtml