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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

CHRISTY JUSTI 3925 TAMPA RD. OLDSMAR, FL 34677

SUBJECT: STRATEGIC SOLUTIONS ASSOCIATES, LLC

Ref. Number: W14000004599

We have received your document for STRATEGIC SOLUTIONS ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90: days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00001535



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2014

CHRISTY JUSTI 3925 TAMPA RD. OLDSMAR, FL 34677

SUBJECT: STRATEGIC SOLUTIONS ASSOCIATES, LLC

Ref. Number: W14000004599

We have received your document for STRATEGIC SOLUTIONS ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00001535

COVER LETTER

URIECT	Strategic	Solutions	s Associatisc	
Object.	Jilateyn	Name of Li	S Associates, uc	
			ompany for Authorization to Transact Bus eferenced foreign limited liability company	
lease return all	correspondence cond	erning this matter to	the following:	
	Chr	isty Jus	Name of Person	
	Strate	gic Solu	tions Associates, U	<u>.c.</u>
	_			
	3925	Tampa k	Address	
	_		ty/State and Zip Code	
or further infor			nons. Comused for future annual report notification)	
	mation concerning th	is matter, please call	:	oo ext zzz
MAIL Divisio Registr P.O. Bo		is matter, please call . ontact Person STI Div Reg Clif 266	:	oo ext zzz

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

IN COMPLIANCE WITH SECTION 605.0902,	FLORIDA STATUTES,	THE FOLLOWING IS	S SUBMITTED :	TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY T	O TRANSACT BUSINES	S IN THE STATE OF I	FLORIDA:	

1. Strategic Solutions Associates, UC (Name of Reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	
(Name of Fereign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nam Liability Company," "L.L.C," or "LLC.")	
2. Delaurie (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable (FEI number) (FEI number)	
(Jurisdiction under the law of which foreign limited hability (FEI number, if applicable company is organized)	e) 255 201
4. November 25,2013	2014 FEB
4. November 25, 2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	8 19
5. 777 S. Flager Suite 800 West Tower	70 -0 M
West Palma Reach FI 224NI	The state of the s
West Palm Beach, FL 33401 (Street Address of Principal Office)	কুন ক
6. 3925 Tampa Rd.	A
Oldsman, FL 34677	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mar	nage is/are:
Seth Hunter - Managing Member - 3925 Tampa Rd.	Olosinat PC 846 /
	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic	•
having custody of records in the jurisdiction under the law of which it is organized. (A phe acceptable. If the certificate is in a foreign language, a translation of the certificate under or	
must be submitted)	and of the franslator
x Fith Dennis	
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 th am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided	at the facts stated herein are true. I for in s.817.155, F.S.)
Seth Hunter Typed or printed name of signee	
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 Li	ability Compan	y is:				
Strate	gic.	Solution	s Ass	ocia tes	,uc		
If unavailable, the	alternate to	be used in the st	ate of Florida	is:		· ACCE	2014 FEB 19
2. The name and the	777		Hunter er Sui (Name)	t. 800	West		-13
Having been named liability company a	l as register t the place o	ed agent and to lesignated in this	FL City/State/Zip accept service certificate, 1	33401 of process hereby acce	for the abo	ointment a	5
registered agent an statutes relating to accept the obligation Statutes.	the proper o	and complete per	formance of n red agent as p	ıy duties, a	nd I am far	niliar with	and

\$ 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 THAT "STRATEGIC SOLUTIONS

ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2013, AT 3:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "STRATEGIC SOLUTIONS

ASSOCIATES, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5438317 8310

140161855

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 1127852

DATE: 02-11-14

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