

M140000001907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

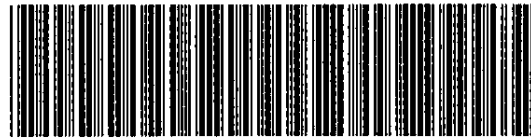
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14 MAR 19 PM 4:31
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M. MILLIGAN
EXAMINER

MAR 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Perspective ~~Media~~ Solutions LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Gerri Avery
Name of Person

Perspective Solutions LLC
Firm/Company

4322 Fowler
Address

Waterford MI 48329
City/State and Zip Code

gavery@wcismedia.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerri Avery at (248) 5681910
Name of Contact 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 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. Perspective Solutions 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 must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 46-4266449
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1971 Cedar Hill Drive
Bloomfield Hills MI 48301
(Street Address of Principal Office)

6. 4322 Fowler
Waterford MI 48329
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Weinberger - Sole Member
1971 Cedar Hill Drive
Bloomfield Hills MI 48301

8. 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 oath of the translator must be submitted)

Michael Weinberger
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 facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Weinberger
Typed or printed name of signer

**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 Company is:

Perspective Brain Solutions LLC

If unavailable, the alternate to be used in the state of Florida is:

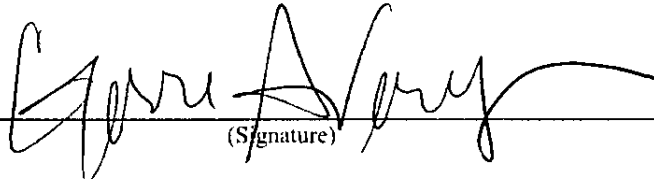
2. The name and the Florida street address of the registered agent and office are:

GERRI AVERY
~~2400 E. Commercial Ste 612~~
(Name)

2400 E. Commercial Ste 612
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Ft. Lauderdale FL 33308
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)

FILED
14 MAR 10 PM 4:31
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY FLORIDA
TALLAHASSEE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERSPECTIVE 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 SEVENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERSPECTIVE SOLUTIONS LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2013.

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

FILED
14 MAR 10 PM 4:31
DELAWARE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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AUTHENTICATION: 1119375

DATE: 02-07-14
140148028

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:46 PM 12/04/2013
FILED 02:40 PM 12/04/2013
SRV 131376688 - 5442765 FILE

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is

Perspective Solutions LLC

Second: The address of its registered office in the State of Delaware is

1679 S. DUPONT HWY SUITE 100 in the City of DOVER

Zip code 19901. The name of its Registered agent at such address is

LEGALINC CORPORATE SERVICES INC.

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

04 day of December, 2013

By: 
Authorized Person (s)

Name: yoochul chong

**STATEMENT OF DESIGNATION OF
THE ORIGINAL MEMBERS
OF
PERSPECTIVE SOLUTIONS LLC
A (N) DELAWARE LIMITED LIABILITY COMPANY**

The undersigned, being the organizer of Perspective Solutions LLC, a (n) Delaware limited liability company (the "Company"), and acting pursuant to the provisions of the applicable Delaware law authorizing the organizer to elect the member(s) if the initial member(s) have not been named in the Articles of Organization (the "Articles"), hereby takes the following action and adopts the following resolutions:

APPOINTMENT OF INITIAL MEMBER(S)

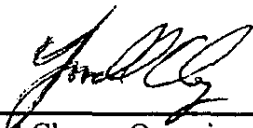
RESOLVED, that the following individuals be, and they hereby are, appointed as the members of the Company, effective as of the date hereof:

Michael Weinberger

RESIGNATION OF ORGANIZER

RESOLVED, that the undersigned, having appointed the initial member(s) of the Company, hereby resigns as the Organizer of the Company, effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed this Action by Organizer of the Company effective as of the 9th day of December 2013.



Yoochul Chong, Organizer