M14000003525

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SECRETARY OF STATE

N. Guillgan MAY 23 2014

COVER LETTER

10.	Division of Corporations JECT: Name of Limited Lia	encation	1 // (
SUBJE	JECT:	gravion	
	Name of Limited Lia	oility Company	
The end Existen	enclosed "Application by Foreign Limited Liability Company tence, and check are submitted to register the above referenced	for Authorization to T I foreign limited liabil	ransact Business in Florida," Certificate of ity company to transact business in Florida
Please 1	se return all correspondence concerning this matter to the follo	wing:	
	JOYA >	FRISCO	
		of Person	
	Firm/C	ompany	
	PO BOX 8105	-8/	
	Add	lress	
	BOCK RATOR City/State a	1, FL. 33	48/
	City/State a	nd Zip Code	
	leavintegration LL E-mail address: (to be used for the	C D 9 MQ/	fication)
For furt	further information concerning this matter, please call:		
	JOYN FRISCO at Name of Contact Person	(678)8	95-2952
	Name of Contact Person	Area Code I	Daytime Telephone Number
	Registration Section Registration P.O. Box 6327 Clifton Build	Corporations Section ding tive Center Circle	
Enclos	losed is a check for the following amount: \$125.00 Filing Fee \$\square\$\$ \$\$130.00 Filing Fee & \$\square\$\$ Certificate of Status	\$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



May 1, 2014

JOYA FRISCO PO BOX 810581 BOCA RATON, FL 33481

SUBJECT: LEAN INTERGRATION LLC

Ref. Number: W14000027420

We have received your document for LEAN INTERGRATION 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00009266

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

	OMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A SIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
ruke •	
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited y Company," "L.L.C," or "LLC.")
(Juri con	Significant of the law of which foreign limited liability (FEI number, if applicable) 4//7/14
4	(Date first transacted business in Florida, if prior to registration.)
5.	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
J. —	6653 Via RegiNA BOCA RAYAN, HZ35434 (Street Address of Principal Office)
6	
	PO BOX 810581 BOCA RATON, FZ 33481 (Mailing Address)
7. T	ne name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOYA FRISCO - President Member Deer Field Beach, 123349 NOTE: VOYA FRISCO IS ALSO A CPA; NO NEED FOR REGISTERED AGENT IN FLORIS
	VOYN FRISCO - President / MEMBER Deer Held Beach, 125999
	NOTE! VOYN FRISCO IS NESO A CPA; NO NEED FOR KEED EXED AGENT IN FLORIS
havin accep	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official g custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not table. If the certificate is in a foreign language, a translation of the certificate under oath of the translator be submitted)
	Signature of an authorized person
(In acco am awa	rdance 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 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.)
	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 Company is:	
Lean Integration, LLC	
$oldsymbol{arphi}$.	
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:	
JOYA MISCO	三年 三
6653 Via Reciva	三角 夏四
(Name)	23 1558 1558
BOCA RAYON	SECTION SECTION
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
FL 33434	II: 55
City/State/Zip	
II : 1	J.D., M. J.

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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Lean Integration LLC

is a **Limited Liability Company** formed or registered on 04/16/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141242671.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/15/2014 that have been posted, and by documents delivered to this office electronically through 04/16/2014 @ 21:38:58.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/16/2014 @ 21:38:58 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8824655.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."