

#M14000004058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

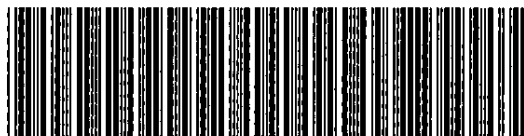
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN 10 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 11 2014

*Handwritten signature/initials*  
22353



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2014

HOLLY A STEPHENSON  
309 SUNDIAL ST.  
PANAMA CITY BEACH, FL 32413

SUBJECT: HAS SOLUTIONS FLORIDA, LLC  
Ref. Number: W14000022353

We have received your document for HAS SOLUTIONS FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : H.A.S. SOLUTIONS INC, document number P06000080460.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 514A00007514

Please file as:  
HAS SOLUTIONS FLORIDA, LLC  
thank you!  
Holly A Stephenson

[www.sunbiz.org](http://www.sunbiz.org)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HAS 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:

Holly A. Stephenson  
Name of Person

HAS SOLUTIONS, LLC  
Firm/Company

309 Sundial St  
Address

Panama City Beach, FL 32413  
City/State and Zip Code

hol28a@yahoo.com  
E-mail address: (to be used for future annual report notification)

*In Georgia? needed;  
10945 State Rd 1  
Suite 401-352  
Alpharetta, GA  
30022*

For further information concerning this matter, please call:

Holly A. Stephenson at (770) 389-7331  
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. HAS SOLUTIONS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

HAS SOLUTIONS FLORIDA, 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. State of Georgia, USA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2068053

(FEI number, if applicable)

4. none

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

5. 309 Sundial St

Panama City Beach, FL 32413

(Street Address of Principal Office)

6. 309 Sundial St

Panama City Beach, FL 32413

(Mailing Address)

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

Holly A. Stephenson, President, 309 Sundial St

Panama City Beach, FL 32413

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)

Holly A. Stephenson

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.)

Holly A. Stephenson

Typed or printed name of signee

2014 JUN 10 PM 3:10  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

FILED

**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:

HAS SOLUTIONS FL, LLC

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

→ HAS SOLUTIONS FLORIDA, LLC ←

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

Holly A. Stephenson  
(Name)

309 Sundial St.  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Parama City Beach FL 30413  
City/State/Zip

2014 JUN 10 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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.*

Holly A. Stephenson  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 08016836  
DATE INC/AUTH/FILED : February 27, 2008  
JURISDICTION : Georgia  
PRINT DATE : April 04, 2014

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HAS SOLUTIONS, LLC  
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Tracking #: BHMhlape