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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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05/12/15--01040--011 **25.00



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COVER LETTER

Division of Corporations
SUBJECT: Smoky Mourfain Twesh gation LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth M. Sokolowski Name of Person
Smoky Mourtain Investigations LCC Firm/Company
1719 Smoky Hills Drive Address
Gatlinburg TN 3773P City/State and Zip Code
City/State and Zip Code Solowic 2010 @ 9aboo.com Solowic 2010 @ 9aboo.
For further information concerning this matter, please call:
Kenneth Sokolowski at (727) 916-0902
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\square\$ \begin{align*} \text{S25 Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

CR2E055 (12/14)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: Smoky Mountain Fuvestigations LCC	
2. The Florida document number of this limited liability company is: MLYDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	
3. Jurisdiction of its organization: <u>Tennessee</u>	
4. Date authorized to do business in Florida: $8/14/14$	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: GIS SOLUTIONS 40, LLC (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	
6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address: Enter Florida Street Address	C ERTON
, Florida	entite form
New Registered Agent's Signature, if changing Registered Agent: 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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent	2
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
0(9	

tle/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned a		than 90 days old, evidencing the cated by the official having custor is organized.	
	Oweth Signature of	the authorized representative	

Filing Fee: \$25.00



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

KENNETH M. SOKOLOWSKI

1719 SMOKY HILLS DR GATLINBURG, TN 37738 May 5, 2015

Request Type: Certificate of Existence/Authorization

Request #:

0161871

Issuance Date: 05/05/2015

Copies Requested:

Document Receipt

Receipt #: 002042112

Filing Fee:

\$22.25

Payment-Credit Card - State Payment Center - CC #: 162377619

\$22.25

Regarding:

GPS Solutions 4 U, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

635856

Formation/Qualification Date: 07/20/2010

Date Formed:

07/20/2010

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: SEVIER COUNTY

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective the issuance date noted above

GPS Solutions 4 U, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

erification #: 011824323

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