

#M14000006651

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2014 SEP 15 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 16 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2014

LIBERIS LAW FIRM  
KIM BERTZ  
212 W INTENDENCIA ST.  
PENSACOLA, FL 32502

SUBJECT: TOTAL CONNECT SOLUTIONS, LLC  
Ref. Number: W14000053786

We have received your document for TOTAL CONNECT SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 614A00018817

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Total Connect 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:

**Kim Bertz**

Name of Person

**Liberis Law Firm**

Firm/Company

**212 W. Intendencia Street**

Address

**Pensacola, FL 32502**

City/State and Zip Code

**registeredagent@liberislaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Charles S. Liberis**

Name of Contact Person

at ( **850** ) **438-9647**

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. **Total Connect 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. **Wyoming**

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

3. **46-4165419**

(FEI number, if applicable)

4. **November 21, 2013** (L13000163636)

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

5. **4600 Mobile Hwy, Bldg 9, STE 211**

**Pensacola, FL 32506**

(Street Address of Principal Office)

6. **1300 E. Olive Road**

**Pensacola, FL 32514**

(Mailing Address)

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2014 SEP 15 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

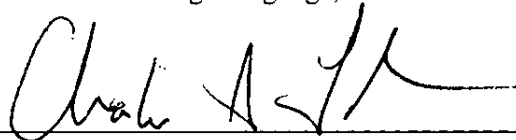
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Kevin W. Stephens, Manager of Advanced Design Investments, LLC, Manager**

**1300 E. Olive Road**

**Pensacola, FL 32514**

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)



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.)

**Charles S. Liberis**

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:

**Total Connect 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:

**Charles S. Liberis**

(Name)

**212 W. Intendencia Street**

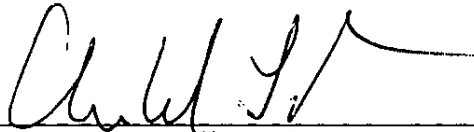
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Pensacola**

**FL 32502**

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)

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2019 SEP 15 PM 1:52  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that


**Total Connect Solutions LLC**

a limited liability company incorporated under the laws of **Florida** on **November 21, 2013**, did on **August 15, 2014**, apply for a Certificate of Incorporation and filed Articles of Domestication in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of incorporation, and is now incorporated under the laws of the state of Wyoming and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Tuesday, September 09, 2014.



  
Secretary of State

By: Janelle Iddings