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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

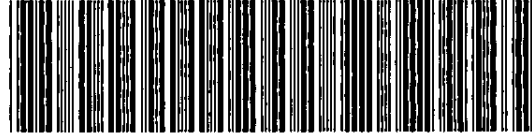
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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11/17/14--01049--024 **130.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 12 PM 3:11

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Office Use Only



ACUMEN
SOLUTIONS GROUP

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 3314

Re: Application for Foreign Corporation Authorization to Transact
MNS & Associates LLC

Dear Sir or Madam,

Acumen Solutions Group is submitting this application and paperwork on behalf of Allied Financial Group LLC.

Enclosed for filing please find the completed application form, supplements and filing fee.

Should you discover any deficiencies in this application, I would appreciate the courtesy of allowing me to correct such error(s) before you reject or return the filing. Please do not hesitate to contact me with any questions or directions. Thank you for your courtesies.

Very Truly Yours,

Christine Manno
Licensing Team
Acumen Solutions Group, LLC
600 Broadhollow Road, Suite 200
Melville, NY 11747
cmanno@acumenins.com
631-719-5509
www.acumensolutionsgroupllc.com

600 BROADHOLLOW ROAD SUITE 200 MELVILLE, NY 11747



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2014

CHRISTINE MANNO
ACUMEN SOLUTIONS
600 BROADHOLLOW RD STE 200
MELVILLE, NY 11747

SUBJECT: MNS & ASSOCIATES LLC
Ref. Number: W14000071298

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 DEC 12 AM 10:00

RECEIVED

We have received your document for MNS & ASSOCIATES 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):

Title added 12/1/14 CW
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 714A00025185

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MNS & Associates 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:

Christine Manno

Name of Person

Acumen Solutions

Firm/Company

600 Broadhollow Rd Suite 200

Address

Melville, NY 11747

City/State and Zip Code

cmanno@acumenins.com

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

For further information concerning this matter, please call:

Christine Manno

Name of Contact Person

at (**631**) **719-5509**

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. MNS & Associates 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. NY 3. 46-1444423
(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)

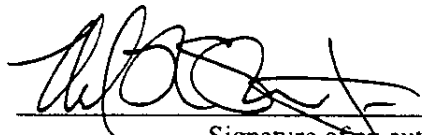
5. 3960 Harlem Road, Suite 14
Amherst, NY 14226
(Street Address of Principal Office)

6. 3960 Harlem Road, Suite 14
Amherst, NY 14226
(Mailing Address)

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

Michael Shaw, Sole Member

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.)

Michael Shaw

Typed or printed name of signee

DEPARTMENT OF STATE
MAIL ROOM
TALLAHASSEE, FLORIDA

2014 DEC 12 PM 3:11

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:

MNS & Associates 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:

NRAI Services Inc

(Name)

1200 South Pine Island Road

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

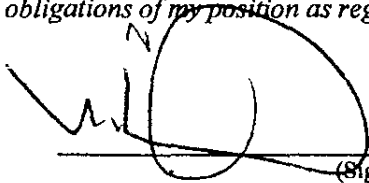
Plantation

33324

FL
City/State/Zip

FILED
2014 DEC 12 PM 3:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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)

Michael Mirrione, Assistant Secretary

\$ 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 New York
Department of State } ss:**

I hereby certify, that MNS & ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/06/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of October two
thousand and fourteen.*

Anthony Scardino

Executive Deputy Secretary of State