Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Frem:

Fax Number : (850) 617-6383 FOR Account Name : HARVARD BUSINESS SERVICES, The.

Account Number : I20080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

**Enter the enuil address for this business entity to be used for future annual report mailings. Enter only one email address please. **

miahwjf@gmail.com

Foreign Limited Liability Company U First Solutions LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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Electronic Filing Menu Corporate Filing Menu



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 U First Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C. | | |
|--|--|-----------------|
| (Name of Foreign Entries Company, New Incides Company, "E.C.C. | a," or "LLC." | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternation Liability Company, ""L.L.C," or "LIC.") | ale nume must include "Limit | ited |
| . Delaware | | |
| 2. 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a | pplicable) | |
| company is organized) | - E E | |
| 4 | AF AF | |
| (Date first transacted business in Florida, if prior to registration,) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | <u> </u> | alarya Marke |
| , 15753 SW 74th Street | SEC. | |
| Miami, FL 33193 | | |
| (Street Address of Principal Office) | 93f (| e-1270-2 |
| 15753 SW 74th Street | NAGE ST | |
| Miami, FL 33193 | and the second s | |
| (Mailing Address) | <u></u> | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to Jose Ferrer, Managing Member 15753 SW 74th Street Mia | • | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly autinaving custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate unmust be submitted) | A photocopy is not | |
| Signature of an authorized person In accordance with section 605.0203, FS., the execution of this document constitutes an affirmation under the penalties of parameters and parameters are penalties as the penalties of parameters and penalties of parameters and penalties of parameters and penalties of parameters are penalties as the penalties of parameters are penalties of parameters and penalties of parameters are penalties of para | trjury that the floots stated herein tovided for in g.217.155, P.S.) | s are true, I |
| Typed or printed name of signee | | |

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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.

| | of the Limited Liabili Solutions LLC | • • | <u></u> | | _ |
|----------------|---|---|--------------|-----------|----------------|
| If unavailable | , the alternate to be us | sed in the state of Florida is: | | | |
| 2. The name | and the Florida street | address of the registered agent and office are: | ALL AH) | 15 MAR 17 | - 'T |
| | Jose Ferre | r | ASSE ASSE | 17 | Apriles 8 |
| | | (Name) | | PH | Tribute of the |
| | 15753 SW | 74th Street | STAT LORI | יר. | El alteron |
| | Florida | Street Address (P.O. Box NOT ACCEPTABLE) | DA A | 37 | |
| | Miami | _{FL} 33193 | | | |
| | | Clty/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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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "U FIRST SOLUTIONS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U FIRST SOLUTIONS LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2015.

15 MAR 17 PH L: 57
SECKETALLY OF STATE TALLAHASSEE, FLORIDA

5687128 8300

150366016

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTY CATION: 2204980

DATE: 03-17-15