

# M15000002101

(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:

L15-14738 PEN Short

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800269614198

03/19/15--01002--001 \*\*133.75

02/18/15--01024--021 \*\*1046.25

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2015 MAR 11 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 20 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2015

SIGMA SOLUTIONS AND CONSULTING, LLC  
W BRYAN HOLZBACH  
1114 WISTERIA DR.  
FLORENCE, SC 29501

SUBJECT: SIGMA SOLUTIONS AND CONSULTING, LLC  
Ref. Number: W15000014738

We have received your document for SIGMA SOLUTIONS AND CONSULTING, LLC and your check(s) totaling \$1046.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,180.00.

There is a balance due of \$133.75.

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: 215A00004242



February 13, 2015

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:** Application by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida - Sigma Solutions and Consulting, LLC

To Whom It May Concern:

With respect to the above and basis my phone conversation to your office (spoke with Tim) on the afternoon of the date of this correspondence, attached please find the following:

- Completed *Cover Letter* Form
- Completed *Application*
- *Original Certificate of Existence* (Less Than 90 Days Old)
- Completed *Certificate of Designation of Registered Agent / Registered Office*
- Check in the Amount of \$1,046.25 – This amount includes \$916.25 for penalty/fines due to transacting business in 2011/2012 prior to issuance of a certificate of authority (notwithstanding that there was no business transacted in 2013 – 2015 to date)...plus \$130 for the filing fee and *Certificate of Status*.

I thank you in advance for any and all expeditious efforts toward application processing and certificate issuance. Should there be any questions or need for clarification, please do not hesitate to contact me by phone at 843.230.6817....or email at [wholzbach@sigmaadvantage.com](mailto:wholzbach@sigmaadvantage.com).

Respectfully,

A handwritten signature in black ink, appearing to read "W. Bryan Holzbach". The signature is stylized with a large, looped "W" and a trailing flourish.

W. Bryan Holzbach  
President

/WBH

Attachments/Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sigma Solutions and Consulting, 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:

W. BRYAN HOLZBACH  
Name of Person

Sigma Solutions and Consulting, LLC  
Firm/Company

1114 WISTERIA DRIVE  
Address

FLORENCE, SC 29501  
City/State and Zip Code

wholzbach@SIGMAADVANTAGE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. BRYAN HOLZBACH at ( 843 ) 230-6817  
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. Sigma Solutions AND Consulting, 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. SOUTH CAROLINA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/2011  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1114 WISTERIA DRIVE  
FLORENCE, SC 29501  
(Street Address of Principal Office)

6. P.O. Box 3991  
FLORENCE, SC 29502  
(Mailing Address)

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TALLAHASSEE, FLORIDA

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

William BRYAN Holzbach, President/MEMBER/MANAGER  
1114 WISTERIA DRIVE  
FLORENCE, SC 29501

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)

William BRYAN Holzbach  
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.)

William BRYAN Holzbach  
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:

Sigma Solutions and Consulting, LLC

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

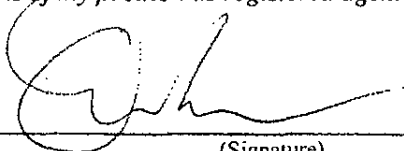
2. The name and the Florida street address of the registered agent and office are:

ANDERSON LAW GROUP ATTORNEYS  
AND COUNSELORS AT LAW, P.A.

13577 FEATHER SOUND DRIVE, Suite 500  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

CLEARWATER, FL 33762  
City/State/Zip

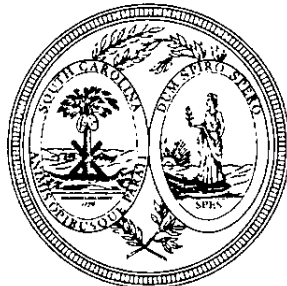
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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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TALLAHASSEE, FLORIDA

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SIGMA SOLUTIONS AND CONSULTING, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 12th, 2002, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
9th day of February, 2015.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State