

M15000002350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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W15-10801

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2015 MAR 30 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2015

ALAN M. STEIN  
3930 E STATE ROAD 64  
BRADENTON, FL 34208

SUBJECT: RESOLVE, LLC  
Ref. Number: W15000010801

We have received your document for RESOLVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 515A00003073

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RESOLVE, 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:

**ALAN M. STEIN**

Name of Person

**ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC.**

Firm/Company

**3930 E STATE ROAD 64**

Address

**BRADENTON, FL 34208**

City/State and Zip Code

**STEINACCOUNTING@YAHOO.COM**

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

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2015 MAR 30 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

**ALAN M. STEIN**

Name of Contact Person

at ( **941** )

Area Code

**749-5364**

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. **RESOLVE, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**RESOLVE CONSULTING, 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. **MICHIGAN**

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

3. **46-3057158**

(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. **618 MONTEZUMA DR**

**BRADENTON, FL 34209**

(Street Address of Principal Office)

6. **618 MONTEZUMA DR**

**BRADENTON, FL 34209**

(Mailing Address)

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

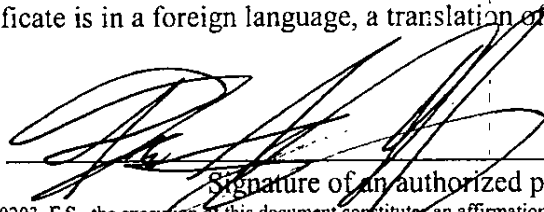
**ROBERT SNIDER , MGRM**

**39119 JEFFERSON**

**HARRISON TOWNSHIP, MI 48045**

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2015 MAR 30 PM 12:07  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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.)

**ROBERT SNIDER**

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:

**RESOLVE, LLC**

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

**RESOLVE CONSULTING, LLC**

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

**ALAN M. STEIN**

(Name)

**3930 E STATE ROAD 64**

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

**BRADENTON**

**34208**

**FL**

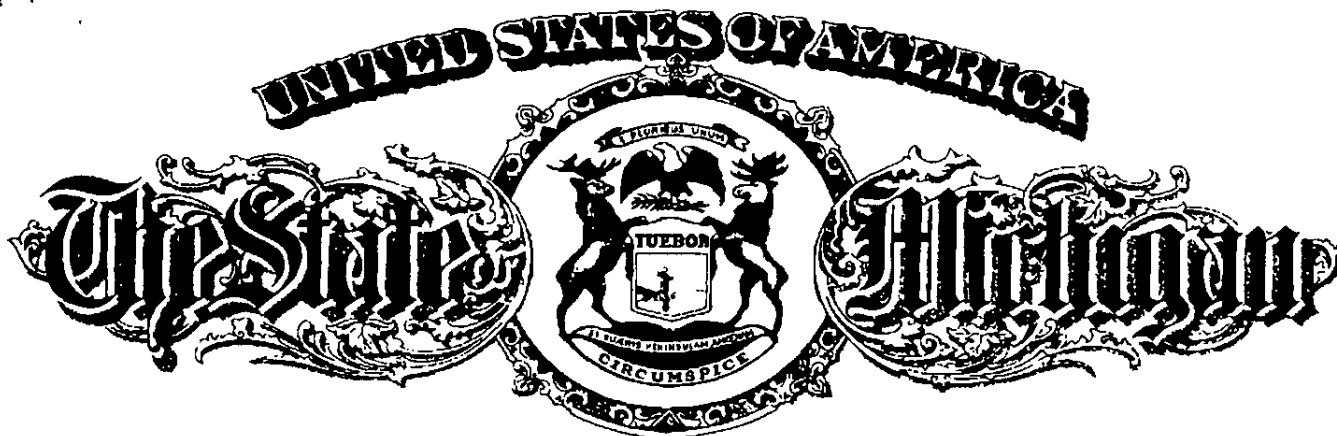
City/State/Zip

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CLERK OF STATE  
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)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**RESOLVE, L.L.C.**

*was validly organized on January 9, 1998 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 16th day of March, 2015*

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau