

M15000004328

(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:

W15-28725 Wrong Form

Office Use Only



000271086530

000271086530
06/03/15--01013--020 **125.00
04/03/15--01003--020 **70.00

FILED

15 JUN -3 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN -3 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Student Debt 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:

Giovanni Luigi Mauri

Name of Person

Student Debt Solutions LLC

Firm/Company

339 Dorchester Dr

Address

Venice/FL/34293

City/State and Zip Code

giovanni.mauri@student-debt-solutions.org

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

For further information concerning this matter, please call:

Giovanni Luigi Mauri

202

888 3313

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 23, 2015

GIOVANNI LUIGI MAURI
339 DORCHESTER DR.
VENICE, FL 34293

SUBJECT: STUDENT DEBT RELIEF SOLUTIONS LLC
Ref. Number: W15000028725

We have received your document for STUDENT DEBT RELIEF SOLUTIONS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due is \$125.00.

There is a balance due of \$55.00.

We are enclosing the proper form(s) with instructions for your convenience.

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: 015A00008292

**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. Student Debt Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
NA Student Debt Relief solutions 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. Washington DC. USA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. NA
(FEL number, if applicable)
4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. _____
1717 Pennsylvania Avenue. Suite 1025. Washington DC, 20006
(Street Address of Principal Office)
6. 339 Dorchester Dr. Venice FL 34293
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Giovanni Luigi Mauri

Office Address: 339 Dorchester Dr
Venice, Florida 34293
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Giovanni L. Mauri
(Registered agent's signature)

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

Giovanni Luigi Mauri. Owner. 339 Dorchester Dr. Venice, FL. 34293

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Giovanni L. Mauri
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.)

Giovanni Luigi Mauri

Typed or printed name of signee

FILED
15 JUN -3 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

STUDENT DEBT SOLUTIONS LLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 9/4/2013; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 3/27/2015 11:39 AM

Business and Professional Licensing Administration



A handwritten signature in black ink, reading "Patricia E. Grays".

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Muriel Bowser
Mayor

Tracking #: CA4FJjAq